



Submit completed application and supporting documentation if requested to:

Whitney Point Central School

P.O. Box 249

Whitney Point, NY 13862

607-692-8202

Application For Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION.

DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital or veteran status.

(PLEASE PRINT)

POSITION PREFERENCE

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____

TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time _____ Substitute _____ Temporary _____ Summer

ARE YOU WILLING TO BE A SUBSTITUTE? _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

PERMANENT ADDRESS: _____ HOME PHONE (____) _____

_____ WORK PHONE: (____) _____

_____ CELL PHONE: (____) _____

TEMPORARY ADDRESS: _____ EMAIL: _____

_____ DATES TEMPORARY _____

_____ ADDRESS AVAILABLE: _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copy)*

Area

Permanent _____

Initial Professional Exp. Date: _____

Permanent _____

Initial Professional Exp. Date: _____

If you do not have a New York State Teaching Certificate, have you applied for one? Yes No

Other licenses held: type and issuing authority: _____ Exp. Date: _____

(Provide Copies)

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education

(Criminal History Record Check for Prospective School Employees and Applications for Certification)?

Yes No

EDUCATION				Did you Graduate?
Name and Location of School		Major/Minor		
High School				
Name and Location of School	Graduated? Yes or No	No. of credits Completed	Major/Minor	Degree
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade				

It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to personnel office.

STUDENT TEACHING		Subject or Grade Level	Cooperating Teacher
Dates	Name and Location of School		
1.			
2.			

TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State? Yes No

Tenure Area _____ Date Tenure Granted _____

Name and address of school district where tenure was granted: _____

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position?
 Yes No If yes, please explain: _____

Have you ever been convicted of a criminal violation, excluding minor traffic offenses?
 Yes No If yes, please explain: _____

Have you ever served in the U.S. Armed Forces: Yes No Branch _____

Were you dishonorably discharged from the U.S. Armed Forces? Yes No

If yes, please explain: _____

Are you legally eligible for employment in this country Yes No

(Upon employment you will be asked to produce two original forms of identification.)

EMPLOYMENT HISTORY*Begin with most recent indicate name worked under if different*

		DATES EMPLOYED		SALARY	
EMPLOYER	TELEPHONE	From	To		
ADDRESS		FULL TIME___ PART TIME___%			
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:			
IMMEDIATE SUPERVISOR TITLE & TELEPHONE					
REASON FOR LEAVING					
MAY WE CONTACT FOR REFERENCE?		YES	NO	LATER	

		DATES EMPLOYED		SALARY	
EMPLOYER	TELEPHONE	From	To		
ADDRESS		FULL TIME___ PART TIME___%			
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:			
IMMEDIATE SUPERVISOR TITLE & TELEPHONE					
REASON FOR LEAVING					
MAY WE CONTACT FOR REFERENCE?		YES	NO	LATER	

		DATES EMPLOYED		SALARY	
EMPLOYER	TELEPHONE	From	To		
ADDRESS		FULL TIME___ PART TIME___%			
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:			
IMMEDIATE SUPERVISOR TITLE & TELEPHONE					
REASON FOR LEAVING					
MAY WE CONTACT FOR REFERENCE?		YES	NO		

		DATES EMPLOYED		SALARY	
EMPLOYER	TELEPHONE	From	To		
ADDRESS		FULL TIME___ PART TIME___%			
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:			
IMMEDIATE SUPERVISOR TITLE & TELEPHONE					
REASON FOR LEAVING					
MAY WE CONTACT FOR REFERENCE?		YES	NO	LATER	

REFERENCES

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last Administrator whom we may contact for a personal or professional reference.

Name	Position	Address & Telephone Number
1.		
2.		
3.		

PERSONAL STATEMENT

Give any information which you think might be of value in considering you for a position, (e.g. Avocations, Foreign Language Spoken, Coaching Experience, Travel, Volunteer Work, etc.)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one year. At the conclusion of this time. I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____ Date ___/___/___