

PROFESSIONAL EXPERIENCE (please list most recent first)

Name of School	Address & Phone	Immediate Supervisor	Subject and/or Grade	No. of years in the position	Reason for Leaving

OTHER WORK EXPERIENCE

Name of Employer	Address & Phone No.	Position and Nature of Work	No. of years in the position	Reason for Leaving

Please estimate the total time lost due to absences from work excluding vacation time and holidays during the last five years. _____
(No of Days)

MILITARY SERVICE

- a. Have you served with the United State Military service or a state militia? _____
- b. If so, what was the number of years served? _____
- c. Were you dishonorably discharged? _____

SPECIAL ABILITIES

List extra-curricular athletic sports or special interest activities which you would be willing to coach, advise, chaperone or moderate. Rank them according to your preference.

List any additional activities or hobbies, or other additional experience that you care to furnish

CERTIFICATION DETAILS

Area/Grade Level(s)	Type (Prov., Perm.)	Issuing State	Date Received	Valid Until	Certificate Number

REFERENCES

(Please list references who would have knowledge of your qualifications for position)

Name	Address	Phone	Position

Official transcripts should be forwarded to the district as soon as possible. List name and address of agency from which your placement folder may be obtained.

Have you ever been convicted of a crime? Yes _____ No _____ Have you ever been involved in a Part 83 investigation? Yes _____ No _____

If you answered yes to either question above, please explain: _____

If offered employment, do you agree to take an oath or affirmation that you will support the United State Constitution as required by Section 3002 of the Education Law? Yes _____ No _____

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

Please briefly describe your strengths and state your reasons for desiring this position. Use additional sheet if needed.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY Interview Date: _____ Disposition: _____
By: _____