



Submit application, résumé, certification, and placement folder to:

Delaware Academy Central School District at Delhi
2 Sheldon Drive
Delhi, New York 13753-1276
(607) 746-1300

APPLICATION FOR EMPLOYMENT

Instructional

SUBMISSION OF A RÉSUMÉ DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION. DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

The District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, including attire, clothing or facial hair dictated by race or religion, marital status, military status, sex, age, weight, sexual orientation, gender identity or expression, domestic violence victim status, criminal history, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans with Disabilities Act or § 504 of the Rehabilitation Act of 1973 and New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

The District does not discriminate on the basis of salary history and will make no inquiry into the salary history of an applicant prior to making an offer of employment to the applicant and determining a salary.

(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? _____

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 _____ If yes, where _____ when _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # _____

PERMANENT ADDRESS: _____ HOME PHONE: () _____

_____ WORK PHONE: () _____

e-mail: _____

CERTIFICATION/PROFESSIONAL LICENSE

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

Professional _____ Initial _____ _____

Professional _____ Initial _____ _____

Permanent _____ Provisional _____ _____

Permanent _____ Provisional _____ _____

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)

EDUCATION

Name and Location of School	Major/Minor	Did You Graduate?
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High School: _____

College (Undergraduate)

Name and Location of School: _____

Semester Hours _____ Major/Minor _____ Degree: _____

Name and Location of School: _____

Semester Hours _____ Major/Minor _____ Degree: _____

College (Graduate)

Name and Location of School: _____

Semester Hours _____ Major/Minor _____ Degree: _____

Vocational/Technical/Trade

Name and Location of School: _____

Semester Hours _____ Major/Minor _____ Degree: _____

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

STUDENT TEACHING

Name and Location of School	Subject or Grade Level	Cooperating Teacher
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1. _____

2. _____

TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services (BOCES) in New York State? Yes _____ No _____ If yes, complete:

Tenure Area _____ Date Tenure Granted: _____

Name and Address of school district or BOCES 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: _____

Was an investigation conducted or pending at the time of separation from any prior employer? 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: _____

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 the most recent. Indicate name worked under if different.

EMPLOYER: _____ **TELEPHONE:** _____

ADDRESS: _____

JOB TITLE: _____

DATES EMPLOYED (FROM/TO): _____

FULL-TIME _____ **PART-TIME** _____ %

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE NUMBER: _____

REASON FOR LEAVING: _____

SUMMARIZE BELOW, THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:

MAY WE CONTACT FOR REFERENCE? Yes _____ No _____

EMPLOYER: _____ **TELEPHONE:** _____

ADDRESS: _____

JOB TITLE: _____

DATES EMPLOYED (FROM/TO): _____

FULL-TIME _____ **PART-TIME** _____ %

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE NUMBER: _____

REASON FOR LEAVING: _____

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FULL-TIME _____ PART-TIME _____ %

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IMMEDIATE SUPERVISOR, TITLE & TELEPHONE NUMBER: _____

REASON FOR LEAVING: _____

SUMMARIZE BELOW, THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES:

MAY WE CONTACT FOR REFERENCE? Yes _____ No _____

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 and Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONAL STATEMENT

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

b. FOR ADMINISTRATIVE AND TEACHING POSITIONS - Please attach two handwritten writing samples that address the following: 1) a challenge that you have faced and how you overcame the difficulty, and 2) a description of one of the things that you are most proud of.

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, if 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: ____/____/____