

**SOUTH LEWIS CENTRAL SCHOOL DISTRICT
TURIN, NEW YORK 13473
(315) 348-2500**

CERTIFIED EMPLOYMENT APPLICATION

**Superintendent of Schools
South Lewis Central School District
District Office
PO Box 10
Turin NY 13473**

DATE: _____

POSITION PREFERENCE

POSITION APPLYING FOR: _____

TYPE OF EMPLOYMENT: ___ Full-time ___ Part-time ___ Substitute ___ Temporary

DATE AVAILABLE FOR WORK: _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # _____

FORMER NAME(S) _____

For purpose of verifying work and educational records

MAILING ADDRESS: _____ HOME PHONE: () _____
WORK PHONE: () _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____

DO YOU HAVE ANY HEALTH CONDITION THAT WOULD IMPAIR YOUR ABILITY TO PERFORM THE
FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING: _____

If yes, please explain: _____

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____
Dates of Service From _____ To _____

CERTIFICATION/PROFESSIONAL LICENSE

| <u>Certificate #</u> | <u>Certificate Name</u> | <u>Certificate Date</u> | <u>Certificate Type</u> |
|----------------------|-------------------------|-------------------------|-------------------------|
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If you do not have a New York State Teaching Certificate, have you made application for one? ___ Yes ___ No

If certified in another state, please describe: _____

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

Applicant must provide the original N.Y.S. certificate or licenses at time of hire.

EDUCATIONAL PREPARATION

| <u>Name and Location of School</u> | <u>Major/Minor</u> | <u>Did You Graduate?</u> | | | |
|--|------------------------------------|-------------------------------|-----------------------------------|---------------|---------------------|
| High School | | | | | |
| <u>Name and Location of School</u> | <u>Dates Attended</u> | <u>Sem. Hrs.</u> | <u>Major/Minor</u> | <u>Degree</u> | <u>Date Granted</u> |
| College (Undergraduate) | | | | | |
| College (Graduate) | | | | | |
| Vocational/Technical/Trade | | | | | |
| <i>It is the applicant's responsibility to have official college transcripts and placement folder forwarded to the school.</i> | | | | | |
| STUDENT TEACHING | | | | | |
| <u>Dates</u> | <u>Name and Location of School</u> | <u>Subject or Grade Level</u> | <u>Cooperating Master Teacher</u> | | |
| | | | | | |
| | | | | | |
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TENURE STATUS

Applicants must complete and sign this statement to assure compliance with the provisions of Section 3012, Subdivision 1, of New York State Education Law.

Were you ever appointed to tenure in a public school district in New York State? ☐ Yes ☐ No

If yes, complete: Tenure Area _____ Date Tenure Granted: _____

Name & address of school district/BOCES where tenure was granted: _____

Signature: _____ Date: _____

OTHER INFORMATION

Indicate any skills, interests, hobbies, or awards and activities relevant to the position you have applied for.

EMPLOYMENT HISTORY

TEACHING/WORK EXPERIENCE

Begin with most recent. Include any substitute teaching, and indicate as such.

Employer: _____ Phone () _____

Subject Area/Grade: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone () _____

Subject Area/Grade: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone () _____

Subject Area/Grade: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone () _____

Subject Area/Grade: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least three (3) references which are not included in your placement folder. Preference should be given to former school principals and superintendents for whom you have taught, or professionals with whom you have worked.

| Name | Position/Institution | Address | Phone |
|------|----------------------|---------|-------|
|------|----------------------|---------|-------|

SPECIAL COMMENTS

On a separate sheet of paper, please note any special comments you feel are appropriate that may merit consideration in support of your application. If you desire, you may attach supportive documentation in the form of awards, testimonials, etc.

APPLICANT'S STATEMENT

I understand that the South Lewis Central School District will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorize all individuals, schools, and employers mentioned therein to provide any information requested about me, and I release them from all liability or damage for providing this information.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the South Lewis Central School District's Board of Education.

I certify that all statements herein are true, and understand that any falsifications or willful omissions shall be just cause for dismissal or refusal of employment.

Signature: _____

Date: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER