



PLEASE RETURN TO:
Cooperstown Central School District
39 Linden Avenue
Cooperstown, New York 13326

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, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected 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: _____ EMAIL: _____

PERMANENT ADDRESS: _____

HOME PHONE: (_____) WORK PHONE: (_____)

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 ☐ Where _____ When _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the New York State Teaching/Administration 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?
High School		

Name and Location of School	Sem. Hrs.	Major/Minor	Degree
College (Undergraduate)			
College (Graduate)			
Vocational/Technical/Trade			

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

STUDENT TEACHING

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
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 ☐ If yes, complete:

Tenure Area _____ Date Tenure Granted _____

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

Were you ever disciplined by or dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?

Yes ☐ No ☐

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position in lieu of facing discipline? Yes ☐ No ☐

If yes, please explain: _____

Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, please describe in full: _____

Have you ever been subject to Part 83 Commissioner's Regulation regarding your certification? Yes ☐ No ☐

If yes, please give details: _____

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

Were you dishonorably discharged from the U.S. Armed Forces? If so, explain: _____

Are you an active member of a National Guard or Reserve Unit? Yes ☐ No ☐

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.

EMPLOYER	TELEPHONE	DATES EMPLOYED
		FROM _____ TO _____
ADDRESS		FULL - TIME _____ PART - TIME _____ %
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

EMPLOYER	TELEPHONE	DATES EMPLOYED
		FROM _____ TO _____
ADDRESS		FULL - TIME _____ PART - TIME _____ %
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

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JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

EMPLOYER	TELEPHONE	DATES EMPLOYED
		FROM _____ TO _____
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JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		

TOTAL EXPERIENCE INCLUDING % OF A YEAR _____

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 supervisor whom we may contact for a personal or professional reference.

Name

Position

Address & Telephone No.

1. _____

2. _____

3. _____

CANDIDATE'S STATEMENT

Give any additional information which you think might be of value in considering you for a position.

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, corporation 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 twelve months. 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 ____ / ____ / ____