

**RICHFIELD SPRINGS CENTRAL SCHOOL DISTRICT**  
**PO BOX 631, RICHFIELD SPRINGS, NY 13439**  
**PHONE (315) 858-0610 FAX (315) 858-2440**

**POSITION APPLYING FOR:**

Teaching ☐

Teaching Assistant ☐

Substitute Teaching ☐

Other ☐ \_\_\_\_\_

Name:

(Last, First, Middle)

Current Address:

Permanent Address:

Permanent Phone:

Email:

U.S. Citizen ☐ Yes ☐ No

Social Security Number:

NYS Teacher Retirement System Number:

Have you been fingerprinted? ☐ Yes ☐ No

## EDUCATIONAL PREPARATION

Name and Location of School

Nature of Studies

Did you graduate?

High School

Name and Location of School

Dates  
Attended

Nature of Studies

Degree

Date  
Granted

College (Undergraduate)\*

College (Graduate)\*

Vocational/Technical/Trade\*

## STUDENT TEACHING OR INTERNSHIP EXPERIENCE

Name of School

Address

Subject/Grade

Immediate Supervisor

Length of Employment


\*Provide copy of transcripts (substitute teachers excluded).

## CERTIFICATION/LICENSE

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

Initial <input type="checkbox"/>	Professional <input type="checkbox"/>	Transitional <input type="checkbox"/>	Permanent <input type="checkbox"/>
Area _____		Date Issued _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial	Professional	Transitional	Permanent
Area _____		Date Issued _____	
_____			

Teaching Assistant      Level I ☐      Level I renewed ☐      Level II ☐      Level III ☐

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

Do you have an evaluation of your NYS certificate status?      Yes ☐      No ☐

Other Licenses held; type and issuing authority: \_\_\_\_\_

## REFERENCES

Please list references that would have knowledge of your qualifications for this position.

Name	Address & Phone Number	Position

## TENURE STATUS

Were you appointed tenure in a public school district in New York?    Yes ☐    No ☐    If Yes, complete:

Tenure Area: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?    Yes ☐    No ☐

Name and address of school district where tenure was granted: \_\_\_\_\_

Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied? (If no, explain)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? (If yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever served in the Military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a dishonorable discharge? A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision. Section 75 Rights.	<input type="checkbox"/>	<input type="checkbox"/>

Are you an exempt volunteer fireman?	<input type="checkbox"/>	<input type="checkbox"/>
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## PROFESSIONAL EXPERIENCE

(Please list most recent first)

Name of School	Address & Phone Number	Subject/Grade	Immediate Supervisor	Dates Employed	Reason for Leaving

## OTHER WORK EXPERIENCE

(Include Military Service)

Name of School	Address & Phone Number	Subject/Grade	Immediate Supervisor	Dates Employed	Reason for Leaving

## SPECIAL ABILITIES

List extra-curricular, athletic, or special interest activities, which you would be willing to coach, advise, chaperone, or moderate.

Rank them according to your preference. Indicate any special abilities (i.e., ability to sign).


## OTHER ACTIVITIES AND HOBBIES

List any additional activities or hobbies that you care to furnish.


Please use the space below to briefly describe your strengths and weaknesses. State your reasons for desiring this position and your concept of the job: (Attach sheet if necessary.)


### APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

I authorize investigation of all statements contained in this application for employment, my resume, my educational background and any prior or subsequent employment, as may be necessary in arriving at any employment decision, or in arriving at other decisions relating in any way whatsoever to my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Interview Date: \_\_\_\_\_

By: \_\_\_\_\_

Disposition: \_\_\_\_\_

Please return completed application to:

Principal  
Richfield Springs Central School District  
PO Box 631  
Richfield Springs, NY 13439

EQUAL OPPORTUNITY EMPLOYER