



Chateaugay Central School

P.O. Box 904, Chateaugay, NY 12920
(518)497-6611 fax (518) 497-3170



APPLICATION FOR TEACHING POSITION

Date _____

Name _____

For the position of _____ Regular, Full Time Basis _____
Substitute Basis _____

Present Address _____
(Where you can be reached) Street City State Phone Number

Present Position _____

EDUCATIONAL & PROFESSIONAL TRAINING

Institution	Location	Date Attended	Degree/Diploma
College _____ Or University _____	_____	_____	_____

Major Area of Preparation _____ Total Graduate Hours _____

Type of NYS Certification _____ Date Granted _____ Perm. _____
(Attach a Copy) Pro. _____

Member of NYS Retirement System _____ Retirement Number _____

STUDENT TEACHING EXPERIENCE

Subject or Grade	Cooperating Teacher	School	Date
_____	_____	_____	_____
_____	_____	_____	_____

PAID TEACHING EXPERIENCE

Subject or Grade	School	Location	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe briefly any other experiences you feel may have contributed to your ability as a teacher. You might wish to include any volunteer work, work with youth groups, travel, or coaching you have done.

CREDENTIALS - My credentials are on file and may be requested from:

Address: _____

REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

TITLE IX COMPLIANCE: The Chateaugay Central School District hereby affirms its intent to comply with the provisions and obligations imposed by Title IX of the Education Amendments of 1972.

Please return completed application to:

Mrs. Loretta Fowler
Superintendent of Schools