Andes Central School

P.O. Box 248
85 Delaware Street
Andes, New York 13731
845-676-3166

Application For Employment

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.

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital or veteran 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? _____

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 _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # _____

PERMANENT ADDRESS: _____ HOME PHONE: ( ) _____

_____ WORK PHONE: ( ) _____

_____

TEMPORARY ADDRESS: _____ PHONE: ( ) _____

_____ DATES TEMPORARY ADDRESS APPLICABLE: _____

_____

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?
High School		

Name and Location of School	Dates Attended	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 copy of certification forwarded to the personnel office.

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: _____

_____

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position? ☐ 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: _____

_____

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

Were you dishonorably discharged from the U.S. Armed Forces? ☐ 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 most recent. *Indicate name worked under if different.*

EMPLOYER | TELEPHONE

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DATES EMPLOYED FROM TO | SALARY

FULL-TIME ____ PART-TIME ____ %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

EMPLOYER | TELEPHONE

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DATES EMPLOYED FROM TO | SALARY

FULL-TIME ____ PART-TIME ____ %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

EMPLOYER | TELEPHONE

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DATES EMPLOYED FROM TO | SALARY

FULL-TIME ____ PART-TIME ____ %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

EMPLOYER | TELEPHONE

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DATES EMPLOYED FROM TO | SALARY

FULL-TIME ____ PART-TIME ____ %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

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 & Telephone No.
1.			
2.			
3.			

PERSONAL STATEMENT

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.):

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 ___/___/___

DCMO BOCES Printing Service, Norwich, NY • 10/07