

Slawson Street
Dolgeville, New York 13329
Phone: 315.429.3155
Fax: 315.429.8473
www.dolgeville.org

EMPLOYMENT APPLICATION

POSITION PREFERENCE

Teaching Administration Non-Teaching
Substitute Teaching Position: _____
Subject: _____

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Present Mailing Address: _____

Phone Number: _____ Email Address: _____

Permanent Mailing Address: _____

Social Security Number: _____ Retirement Number: _____

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

Yes No If No, explain: _____

Do you have a legal right to work in the United States? Yes No

If you are an alien with a legal right to work in the United State and are applying applying for a teaching position, do you intend to apply for United States Citizenship? Yes No

Have you ever been convicted of a crime? Yes No If Yes, explain: _____

Did you receive a dishonorable discharge? Yes No N/A
(A dishonorable discharge is not an absolute bar to employment; other factors will affect a final hiring decision.)

Are you an exempt volunteer fireman? (Civil Service Law Section 75) Yes No

CERTIFICATION/LICENSE

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

Permanent Provisional Certification of Qualification Area: _____ Date Issued: _____

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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 New York State certificate status? Yes No

Other licenses held; type and issuing authority: _____

EDUCATIONAL PREPARATION

Name and Location of School

High School: _____ Nature of Studies: _____ Did you Graduate? _____

Name And Location Of School	Dates Attended	Nature Of Studies	Degree	Date Granted
College (Undergraduate)*				
College (Graduate)*				
Vocational/ Technical/Trade*				

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

TEACHING OR ADMINISTRATION EXPERIENCE

List most recent experience first. Include any substitute or part-time teaching and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

Continue on the next page

TENURE STATUS

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

Tenure Area: _____ Effective Date: _____

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

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

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members,)

OTHER SKILLS AND ABILITIES

(e.g. coaching, ability to use sign language)

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experiences and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

May we refer to your present employer? Yes No

May we refer to your former employer(s)? Yes No

Placement Folder may be secured from: (Name and Address) _____

APPLICANT'S STATEMENT

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

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.

Applicant's Signature _____

Date _____

Please return completed application to:
Superintendent
Dolgeville Central School District
38 Slawson Street
Dolgeville, New York 13329

EQUAL OPPORTUNITY EMPLOYER