

Afton Central School District

www.aftoncsd.org



Submit application, résumé, certification, and placement folder to:

P.O. Box 5
29 Academy Street
Afton, New York 13730
(607) 639-8200

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.

The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or §504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

(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: () _____
_____ CELL PHONE: () _____
_____ EMAIL: _____
TEMPORARY ADDRESS: _____
_____ DATES TEMPORARY ADDRESS APPLICABLE: _____

CERTIFICATION/PROFESSIONAL LICENSE

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

Professional	<input type="checkbox"/>	Initial	<input type="checkbox"/>	_____
Professional	<input type="checkbox"/>	Initial	<input type="checkbox"/>	_____
Permanent	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	_____
Permanent	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	_____

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)

If required for the position for which you are applying, do you have a valid license to operate a motor vehicle in New York State?
 Yes Class _____ No

EDUCATION

Name and Location of School	Major/Minor	Did you Graduate?
High School		

Name and Location of School	Dates		Sem	Major/Minor	Degree
	Attended	Hrs.			
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	DATES EMPLOYED FROM TO	SALARY
ADDRESS		FULL-TIME ____ PART-TIME ____ %	
JOB TITLE	SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

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ADDRESS		FULL-TIME ____ PART-TIME ____ %	
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REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

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 (previous) employer whom we may contact for a personal or professional reference. Three written letters of reference are requested for bus drivers only.

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 ____ / ____ / ____