

SCHROON LAKE CENTRAL SCHOOL DISTRICT

P.O. Box 338, Schroon Lake, New York 12870 Phone: (518) 532-7164

Employment Application

Position Applying For: _____

Personal Data

Name: _____ Telephone: _____

Street: _____ Social Security #: _____

City: _____ Veteran: Yes No

State: _____ Zip: _____ Vol. Fireman: Yes No

Have you ever been convicted of a criminal felony or misdemeanor? Yes No

If yes, attach a statement to this application detailing conviction(s).

Education and Professional Training

Name and Address of High School _____

Dates Attended _____ Major _____

Diploma _____ Minor _____

Name and Address of Undergraduate School _____

Dates Attended _____ Major _____

Degree Earned _____ Minor _____

Name and Address of Undergraduate/Graduate School _____

Dates Attended _____ Major _____

Degree Earned _____ Minor _____

Name and Address of Graduate School _____

Dates Attended _____ Major _____

Degree Earned _____ Minor _____

Professional Experience

Name and Address of Employer _____

Dates Employed _____ Reason for Leaving _____

Specific Nature of Position _____

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Specific Nature of Position _____

CERTIFICATION / LICENSE

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

Permanent Provisional Certificate of Qualification _____

Permanent Provisional Certificate of Qualification _____

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 (if yes, enclose a copy)

Other licenses held; type and issuing authority _____

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 _____

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

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

Professional Experience

Name and Address of Employer _____

Dates Employed _____ Reason for Leaving _____

Specific Nature of Position _____

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U.S. Military Experience

Branch of Service _____ **Type of Assignment** _____

Dates Served (Month,Year) _____ **(Month, Year)** _____

Highest Rank Attained _____ **Present Status** _____

Type of Separation _____ **Date of Separation** _____

References

List three individuals who have first hand knowledge of your character, personality, and teaching ability.

Name and Business Address of Reference _____

Employer _____ **Telephone** _____

Title _____

Name and Business Address of Reference _____

Employer _____ **Telephone** _____

Title _____

Name and Business Address of Reference _____

Employer _____ **Telephone** _____

Title _____

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Professional Organizations, Honors, Etc.

Other Skills and Abilities
(e.g. coaching, ability to sign, etc.)

Applicant's Statement

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

Candidate's Affidavit

I certify that the information given in this application is correct. I understand that making a false statement on this application, or the withholding of information pertinent to my candidacy, constitutes grounds for dismissal.

Signature

Date

It is the policy of the Schroon Lake Central School District Board of Education not to discriminate on the basis of sex, race, color, national origin, age, or handicap in the educational programs or activities which it operates. Furthermore, the Schroon Lake Central School District Board of Education is required by Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 respectively not to discriminate in such a manner.