SCHALMONT CENTRAL SCHOOL DISTRICT

401 Duanesburg Road, Schenectady, N.Y. 12306
Area Code (518) 355-9200

PROFESSIONAL APPLICATION

POSITION PREFERENCE

ELEMENTARY N - 6	SPECIAL AREA: (For example: Art, Guidance, Library, Music, Phys. Ed., Special Ed.)	SECONDARY 7 - 12
Grade Level Preference _____	Grade Level Preference _____	Grade Level Preference _____
Special Area _____	Special Area _____	Special Area _____
Regular ☐ Substitute ☐	Regular ☐ Substitute ☐	Regular ☐ Substitute ☐

PERSONAL INFORMATION

Name _____ Soc. Sec. No. _____
Last First Middle

Present Address _____ Telephone _____
(include Zip Code)
_____

Permanent Address _____ Telephone _____
(include Zip Code)
_____

Are you legally available for employment in this country? Yes _____ No _____
(Upon employment, you will be asked to produce two original forms of identification in accordance with the Immigration Reform and Control Act)

Present Position: _____ School: _____ Salary: _____

When can you begin work? _____

CERTIFICATION (provide copy)

			Field or Subject	Number	Date	State
Cert/Qual ☐	Prov ☐	Perm ☐				
Cert/Qual ☐	Prov ☐	Perm ☐				
Cert/Qual ☐	Prov ☐	Perm ☐				

If you do not have a valid N.Y.S. certificate, describe your plan to obtain a certificate appropriate to the position for which you are applying _____

Have you passed the required teacher examinations? ☐ YES ☐ NO ☐ NOT APPLICABLE

Are you or have you been a member of the NYS Employees or Teachers Retirement System? ☐ YES _____
(If yes, give membership number
☐ NO (Active within last 7 years)

Non-Discrimination Notice: The Schalmont Central School District does not discriminate on the basis or race, color, national origin, creed, sex and age or handicap as decreed by Law, and is in compliance with Title IX of the Educational Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973.

Applicants must furnish all information requested. Do not answer by saying "see resume." If additional space is needed for any answer, attach additional pages. Remember to sign statement on back page.

EMPLOYMENT HISTORY: Begin with the most recent and use additional pages if necessary.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	DID YOU RECEIVE TENURE?
ADDRESS				DATE:
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? ☐ YES ☐ NO ☐ LATER				

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

EDUCATIONAL PREPARATION:

High School Atended _____ Are you a graduate? ☐ YES ☐ NO

	Major Subjects	Degree
Undergraduate School (s) Attended _____		
Graduate School (s) Attended _____		

STUDENT TEACHING:

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
1.			
2.			

Placement Folder will be requested by applicant from: (Name and Address) _____

_____

Professional & Scholastic Organizations, Memberships, Honors (Exclude organizations the name or character of which indicates the race, color or national origin of is members) _____

_____

_____

_____

_____

Have you ever been convicted of any crime or misdemeanor other than a minor traffic violation? Yes ☐ No ☐
If you checked "yes" please give details or reasons:

_____

_____

UNITED STATES ARMED SERVICES RECORD

Dates From - To	Branch	Highest Rank	Do you have any continuing Reserve Obligations?

ADDITIONAL REFERENCES FAMILIAR WITH YOUR WORK

Name	Position	Work Phone

CANDIDATE'S STATEMENT

In your own handwriting indicate those strengths you have which will enable you to contribute to the educational programs of this District. Indicate attributes you feel would distinguish you from other candidates for this position.

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statement made and the information supplied are true and correct. I understand that falsification of any part of the application constitutes cause for rejection of application or dismissal after employment.

My signature below authorizes the Schalmont Central School District to obtain any or all records or information regarding employment from my prior employers, notwithstanding any stipulations with respect to confidentiality. I waive my right or access to any information submitted by references. I further agree to take any physical examinations the District may deem necessary.

Signature _____ Date _____

Return this application to: Superintendent of Schools
Schalmont Central School District
401 Duanesburg Road
Schenectady, N.Y. 12306