



EMPLOYMENT APPLICATION

DeRuyter Central School
711 Railroad Street, DeRuyter, NY 13052

Today's Date _____

PERSONAL INFORMATION

Name _____
Last First Middle

Permanent Mailing Address _____

Telephone Number _____ Social Security No. _____

E-Mail Address _____

POSITION PREFERENCE

Permanent Employee

Substitute Employee

Administrative Teaching Teaching Assistant/Teacher Aide Clerical

Cleaner/Maintenance Cafeteria Bus Driver Other _____

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: _____

Are you a U. S. Citizen? Yes No

If no, have you filed a declaration of intention to become a U.S. Citizen? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, explain _____

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 Applicants for Certification)?

Yes

No

Have you registered to be fingerprinted through the NYS Teach System? Yes No

Did you serve in the US Military Yes No

If yes, did you receive an honorable discharge Yes No

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

TEACHING CERTIFICATION INFORMATION

I hold New York State Teaching/Administrative Certificate(s) described below:

			Area	Date Issued
Initial <input type="checkbox"/>	Professional <input type="checkbox"/>	Permanent <input type="checkbox"/>	_____	_____
Initial <input type="checkbox"/>	Professional <input type="checkbox"/>	Permanent <input type="checkbox"/>	_____	_____
Initial <input type="checkbox"/>	Professional <input type="checkbox"/>	Permanent <input type="checkbox"/>	_____	_____

Please enclose copy of any such certificate. If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

TENURE STATUS

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

Tenure Area: _____ Tenure Effective Date: _____

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

Please attach evidence of such tenure appointment

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

Are you a member of the Teacher's Retirement System? Yes No
If yes please provide TRS Tier and Number _____

Are you a member of the Employees' Retirement System? Yes No
If yes please provide ERS Tier and Number _____

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, etc.)

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 supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

EDUCATIONAL PREPARATION

High School Name and Location	Nature of Studies	Did you Graduate?

Post High School Education

Name/Location	Dates Attended	Nature of Studies	Degree	Date Granted
(Undergraduate)				
(Graduate)				
(Vocational/Technical)				

Please provide transcripts.

TEACHING OR ADMINISTRATIVE 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

Total Number of Years Teaching Experience _____

OTHER WORK EXPERIENCE

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

May we refer to your present employer?

Yes

No

APPLICANT'S STATEMENT *(Give any additional information which 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:

Juanita Hayes

DeRuyter Central School
711 Railroad Street
DeRuyter, New York 13052
Telephone (315) 852-3400 x 7403

EQUAL OPPORTUNITY EMPLOYER

DeRuyter Central School District does not discriminate unlawfully in its employment practices or its educational programs with regard to race, color, religion, gender, national origin, age, disability, sexual orientation, veteran status, arrest or conviction, or any other protected group.