



OFFICE OF HUMAN RESOURCES

5 CHELSEA PLACE

CLIFTON PARK, NY 12065-3240

518-881-0650

Dear Applicant:

In anticipation of possible vacancies, attached is an application for a teaching position at Shenendehowa.

PLEASE NOTE: This application and supportive information (listed below) must be on file within ONE MONTH of receipt of application prior to being considered within the selection process:

1. Copy of your teaching certificate or letter from Registrar/Dean that all requirements have been met
2. Updated resume
3. Updated college transcripts (undergraduate and graduate)
4. Confidential Placement folder from college with at least three letters of reference OR three recent letters of recommendation

Upon receipt of all materials, principals and/or department administrators will review the files in the Office of Human Resources and arrange for interviews with applicants who meet department criteria when there is a vacancy.

Thank you for your professional interest in the Shenendehowa Central School District.

NOTICE

1. Our acceptance of this application is no guarantee that you will receive an appointment.
2. In addition, you must meet the requirements of the State of New York in matters of Certification.
3. This application should be updated on an annual basis (i.e., during April or May of each year) by submitting an updated resume with the notation it is submitted as an update to a completed application on file.



OFFICE OF HUMAN RESOURCES
 5 CHELSEA PLACE
 CLIFTON PARK, NY 12065-3240
 518-881-0650

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
 Former Name(s): _____
 Present Address: _____ Home Phone: _____
 _____ Work Phone: _____
 Permanent _____ Cell Phone: _____

Are you legally eligible for employment in this country? Yes No

(In accordance with the Immigration Reform and Control Act of 1985, upon employment you will be asked by your supervisor to produce two original forms of identification.)

POSITION(S) FOR WHICH YOU ARE APPLYING

Certificate Area(s): _____
 Subject Area: _____
 Grade Preference(s): _____

CERTIFICATION/PROFESSIONAL LICENSE

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

Initial <input type="checkbox"/> Professional <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Other <input type="checkbox"/> Type:	Area	Date Issued	Exp Date

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

If certified in another state, please list state and _____

Please list other licenses held and issuing authority: _____ Exp. Date: _____

EDUCATIONAL PREPARATION

Name and Location of School	Dates Attended	Semester Hrs	Major/Minor	Total GPA	Degree	Date Granted
College (Undergraduate)						
College (Graduate)						
Vocational/Technical/Trade						

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 in New York State? Yes No

If yes, please complete the following:

Tenure Area: _____	Effective _____
Name/address of school district where tenure was granted: _____	

OTHER INFORMATION

Have you ever resigned from a position rather than face disciplinary action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any disciplinary action been brought against you which resulted in you being discharged from employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any crime (felony or misdemeanor)?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now under charges for any crime (felony or misdemeanor)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever forfeited bail bond posed to guarantee your appearance in court to answer any charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a teaching credential revoked, suspended or annulled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of the questions above, provide, on a separate sheet, the specifics or an explanation for the response. If you elect not to provide specifics, however, or if such an explanation is insufficient, a confidential investigation will be initiated. None of the above circumstances represents an automatic bar to certification or employment.

*Submit official copies of the court record, including disposition of case.

EMPLOYMENT HISTORY (Begin with most recent)

Employer	Telephone	Dates Employed		FT or PT FTE
		From:	To:	
Address		Summarize the nature of work performed and job		
Job Title (Indicate if substitute or employed temporarily)				
Immediate Supervisor, Title and Telephone				
Reason for Leaving	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer	Telephone	Dates Employed		FT or PT FTE
		From:	To:	
Address		Summarize the nature of work performed and job		
Job Title (Indicate if substitute or employed temporarily)				
Immediate Supervisor, Title and Telephone				
Reason for Leaving	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

EMPLOYMENT HISTORY (continued)

Employer	Telephone	Dates Employed		FT or PT FTE
		From:	To:	
Address		Summarize the nature of work performed and job		
Job Title (Indicate if substitute or employed temporarily)				
Immediate Supervisor, Title and Telephone				
Reason for Leaving	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer	Telephone	Dates Employed		FT or PT FTE
		From:	To:	
Address		Summarize the nature of work performed and job		
Job Title (Indicate if substitute or employed temporarily)				
Immediate Supervisor, Title and Telephone				
Reason for Leaving	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Name	Address	Phone	How Known

Attach a personal statement that reflects how you would utilize your unique experiences and training in the education of our students. (Optional)

Job Applicant's Agreement and Certification

I hereby consent and authorize any prior employers, educational institutions or persons who have been listed as references in this application to furnish and provide to Shenendehowa School any and all information concerning my background, employment, experience, performance and work history; I hereby authorize the delivery of such information to Shenendehowa Central Schools and further agree to waive and release any claims for furnishing such information to Shenendehowa Central Schools.

Affidavit

Under penalties of perjury, I declare and affirm the statements made in the foregoing application, including accompanying statements and transcriptions, are true and correct.

Signature of Applicant: _____ Date: _____

