

ONONDAGA CENTRAL SCHOOL

Instructional Employment Application

Date ____ / ____ / ____

Position Preference

- Teaching
 Substitute Teaching

- Teaching Assistant
 Substitute Teaching Assistant

- Administrative

Subject Area: _____

Position _____

Personal Information

Please print

Name _____
Last
First
Middle

Present Mailing Address _____ Phone () _____ - _____

Zip _____

Permanent Mailing Address _____ Phone () _____ - _____

Zip _____

Social Security _____ - _____ - _____ Retirement No. _____

Are you a U.S. Citizen? Yes No If no, have you filed a declaration of intention to become a 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 & Applicants for Certification)? Yes No

Are you a dishonorably discharged veteran? Yes No N/A

Certification/License

I hold the New York State Teaching/Teaching Assistant/Administrative Certificate(s) described below. *Please provide copies*

Subject Area	Type*	Effective Date	Expiration Date (if applicable)

- *Teaching: Provisional, Permanent, Initial, Professional, Transitional
 *Teaching Assistant: Temporary, Continuing, Level I, Level II, Level III, Pre-Professional
 *Administrative: SAS, SDA, SBA, SBL

Other License(s) held: type and issuing authority _____

Educational Preparation

Name and Location of School	Nature of Studies	Did You Graduate? (Yes or No)
High School		

Name and Location of School	Dates Attended	Nature of Studies	Degree Rcvd	Did You Graduate? (Yes or No)
College (Undergraduate)*				
College (Graduate)*				
Vocational/Technical/Trade*				

*provide copy of transcripts

Teaching or Administrative Experience

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

Other Work Experience

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

Tenure Status

Were you ever granted tenure in a public school district in New York? Yes No If yes, complete following:

Tenure Area _____ Effective Date _____

Were you ever dismissed from a school district conferring tenure pursuant to Education Law section 3020a?

Yes No

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

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

For example: knowledge of sign language, coaching.

References

List five 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 may be contacted for a personal or professional reference.

Name	Position	Address & Telephone No. (home and work)

May we refer to your present employer? Yes No May we refer to your former employer? Yes No

In addition, your placement folder should be sent directly to the school district.

