



PLEASE RETURN TO:
Cooperstown Central School District
 39 Linden Avenue
 Cooperstown, New York 13326

Application For Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION.
 DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

POSITION PREFERENCE

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____
 TYPE OF EMPLOYMENT: ____ Full-time ____ Part-time ____ Substitute ____ Temporary ____ Summer
 ARE YOU WILLING TO BE A SUBSTITUTE? _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # _____ (optional)
 FORMER NAME(S): _____
 PERMANENT ADDRESS: _____ HOME PHONE: () _____
 _____ WORK PHONE: () _____
 TEMPORARY ADDRESS: _____ PHONE: () _____
 _____ DATES TEMPORARY ADDRESS APPLICABLE: _____

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 Applications for Certification)?

Yes No Where _____ When _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the New York State Teaching/Administration Certificate(s) described below: (provide copy)

Area

Professional Initial _____

Professional Initial _____

Permanent Provisional _____

Permanent Provisional _____

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

Other licenses held: type and issuing authority _____ Exp. Date _____
 (provide copies)

EDUCATION

Name and Location of School	Major/Minor	Did you Graduate?	
High School			
Name and Location of School	Sem. Hrs.	Major/Minor	Degree
College (Undergraduate)			
College (Graduate)			
Vocational/Technical/Trade			

It is the applicant's responsibility to have official college transcripts, placement folder, and a copy of certification forwarded to complete the application.

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 or Board of Cooperative Educational Services in New York State?

Yes No If yes, complete:

Tenure Area _____ Date Tenure Granted _____

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

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

Yes No

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime? Yes No If yes, please describe in full: _____

Have you ever been subject to Part 83 Commissioner's Regulation regarding your certification? Yes No

If yes, please give details: _____

Have you ever served in the U.S. Armed Forces? Yes No Branch _____

Were you dishonorably discharged from the U.S. Armed Forces? If so, explain: _____

Are you an active member of a National Guard or Reserve Unit? Yes No

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

(Upon employment you will be asked to produce two original forms of identification.)

EMPLOYMENT HISTORY

Begin with most recent.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM ____ TO ____	SALARY
ADDRESS	FULL - TIME ____ PART - TIME ____ %		
JOB TITLE	SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

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TOTAL EXPERIENCE INCLUDING % OF A YEAR _____

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 whom we may contact for a personal or professional reference.

	Name	Position	Address & Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CANDIDATE'S STATEMENT

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

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporation or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for twelve months. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____ Date ____ / ____ / ____