

ARGYLE CENTRAL SCHOOL DISTRICT

5023 State Route 40, Argyle, NY 12809

(518) 638-8243

TEACHER APPLICATION

Position Applying For

Date of Application

You must submit an application for each separate position.

Name:

(Last)

(First)

(Middle)

Permanent Address:

Telephone Number:

School Address:

Telephone Number:

Retirement Number:

Are you a U.S. Citizen: Yes No

Are you certified to teach in New York State?

Date of Certification:

(Please attach a copy of certificate(s).)

Type of Certification:

Certificate #:

Expiration Date:

Issuing State:

Certificate #:

Expiration Date:

Issuing State:

Certificate #:

Expiration Date:

Issuing State:

EDUCATIONAL AND PROFESSIONAL TRAINING

<i>Name and Address of Institution Attended. (Include high school, college, and graduate school)</i>	<i>From</i>	<i>To</i>	<i>Credits or Points</i>	<i>Degree/Diploma Received</i>	<i>Major Field</i>	<i>Minor Field</i>

STUDENT TEACHING OR INTERNSHIP EXPERIENCE

<i>School District and Address</i>	<i>Subject/Grade</i>	<i>Immediate Supervisor</i>	<i>From</i>	<i>To</i>

PROFESSIONAL EXPERIENCE (Please list most recent first)

<i>School District, Address, & Phone #</i>	<i>From</i>	<i>To</i>	<i>Subject/Grade</i>	<i>Immediate Supervisor</i>	<i>Reason for Leaving</i>	<i>Salary Per Year</i>

Have you received tenure in another school district? _____ Yes _____ No

If yes, please indicate the address and phone number of the District(s)

Effective Date: _____

Tenure Area: _____

OTHER WORK EXPERIENCE

<i>Name of Employer</i>	<i>Address and Phone Number</i>	<i>Position and Nature of Work</i>	<i>From</i>	<i>To</i>	<i>Reason for Leaving</i>

REFERENCES (Please list references who would have knowledge of your qualifications for position.)

<i>Name</i>	<i>Address</i>	<i>Position</i>

Your placement folder and official transcripts should be forwarded to the Superintendent of Schools.

This application will be kept on file for one year. At that time, it will be canceled. It will be necessary for you to reapply to keep your status current.

Check the appropriate box for each question

	Yes	No
Were you ever dismissed or discharged from any employment for reasons other than abolition of position?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have 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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now under charges for any crime?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "yes" to any of the questions above, you may give specifics in the space provided below or attach a separate statement. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relations to the duties and responsibilities of the position(s) for which you are applying.

In your own handwriting, please use the space below to briefly state any additional information which will help us to know you better.

I hereby affirm that all the statements made in this application are true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment.

