

# Whitesville Central School

692 MAIN STREET • WHITESVILLE, NY 14897  
(607) 356-3301 • FAX (607) 356-3598

## EMPLOYMENT APPLICATION FORM

### POSITION FOR WHICH YOU ARE APPLYING

TEACHER	_____	ADMINISTRATOR	_____
CLERICAL	_____	SUBSTITUTE	_____
AIDE/MONITOR	_____	FOOD SERVICE	_____
BUS DRIVER	_____	MECHANIC	_____
CLEANER	_____	CUSTODIAL	_____
OTHER	_____		

### PERSONAL INFORMATION

Full Name: Last First Middle TEACH ID No.

Home Phone # Daytime Phone #

Home Address: Street City State Zip Code

Permanent Address: Street City State Zip Code

E-Mail Address: \_\_\_\_\_

Do you have a current driver's license? (check Yes No  
If so, what type of license? (check Operator's Commercial  
Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been convicted of a crime? (check Yes No  
If yes, please give details: \_\_\_\_\_

OFFICE USE ONLY: Date Interviewed \_\_\_\_\_, 20\_\_\_\_ Classification: \_\_\_\_\_  
Interviewers: \_\_\_\_\_  
Start Date \_\_\_\_\_, 20\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Certification \_\_\_\_\_  
AS \_\_\_\_\_ BS \_\_\_\_\_ MS \_\_\_\_\_ PHD \_\_\_\_\_ Comments: \_\_\_\_\_

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**CERTIFICATION INFORMATION:**

*If the position you are seeking requires certification, the following must accompany this application:*

- Placement file/transcripts
- Copy of valid teaching certificate/license
- Resume

Do you hold a valid NYS Teaching Certificate/License? (check)      Yes                      No

If yes, please indicate:

Area	Permanent	Provisional	Prov. Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any valid certificates currently held in other states:

Area: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Did you ever acquire tenure in a New York State District? (check)      Yes                      No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Tenure Areas? \_\_\_\_\_

Have you successfully completed the LAST, ATS-W and CST? (check)      Yes                      No

Have you taken the required seminar on the identification of child abuse and neglect? (check)      Yes                      No

Have you taken the required seminar on school violence prevention? (check)      Yes                      No

Have you received NYS fingerprint clearance for employment? (check)      Yes                      No

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**EDUCATIONAL BACKGROUND:**

High School/University/College	Degree or Diploma	Field or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# of Graduate School Credits: \_\_\_\_\_

**WORK EXPERIENCE** (list most recent experience first):

This section must be completed in full. **DO NOT INDICATE "SEE RESUME."**

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Address: \_\_\_\_\_

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Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Position/Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Address: \_\_\_\_\_

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Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Position/Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Address: \_\_\_\_\_

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Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Position/Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Address: \_\_\_\_\_

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Dates of Employment (month/year) From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Position/Title: \_\_\_\_\_

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Description of Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**References**

List four non-relatives willing to recommend you and be qualified to give information to show your fitness for the position you seek. DO NOT INDICATE "SEE RESUME."

Name	Address	Phone (home/business)	Occupation

**Additional Information**

Salary Expected: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

If a member: ERS# \_\_\_\_\_ TRS# \_\_\_\_\_

Why do you feel you should be hired for this position?

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How did you hear about this opening? Newspaper (classifieds) \_\_\_\_\_ Teacher Recruitment \_\_\_\_\_  
 Vacancy Notice \_\_\_\_\_ College Placement Office \_\_\_\_\_ Whitesville Employee \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

**I understand that Whitesville Central School will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named herein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability in providing this information.**

Can Whitesville Central School contact your current employer? (check) Yes      No

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Whitesville Central School will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition or disability, or any other legally protected status.**