GREENE CENTRAL SCHOOL DISTRICT

40 SOUTH CANAL STREET
GREENE, NEW YORK 13778
PHONE: (607) 656-4161
FAX: (607) 656-9362

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.

Notice—The Greene Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans with Disabilities Act or §504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

(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? _____

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 _____

PERSONAL INFORMATION

NAME: _____

PERMANENT ADDRESS: _____ HOME PHONE: ( ) _____

_____ WORK PHONE: ( ) _____

_____ EMAIL: _____

TEMPORARY ADDRESS: _____ PHONE: ( ) _____

_____ DATES TEMPORARY

_____ ADDRESS APPLICABLE: _____

CERTIFICATION/PROFESSIONAL LICENSE

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

			Area
Permanent ☐ Professional ☐	Provisional ☐ Initial ☐	Certificate of Qualification ☐	_____
Permanent ☐ Professional ☐	Provisional ☐ Initial ☐	Certificate of Qualification ☐	_____

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	Dates Attended	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 copy of certification forwarded to the personnel office.

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: _____

_____

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 criminal violation, excluding minor traffic offenses? ☐ Yes ☐ No

If yes, please explain: _____

_____

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

Were you dishonorably discharged from the U.S. Armed Forces? ☐ Yes ☐ No If yes, please explain:

_____

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. Indicate name worked under if different.

EMPLOYER TELEPHONE DATES EMPLOYED FROM TO ADDRESS

SALARY

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? ☐ YES ☐ NO ☐ LATER

EMPLOYER TELEPHONE DATES EMPLOYED FROM TO SALARY

ADDRESS

FULL-TIME ____ PART-TIME ____ %

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MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

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 administrator whom we may contact for a personal or professional reference.

	Name	Position	Address & Telephone No.
1.			
2.			
3.			
4.			
5.			

PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (*e.g.*, Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

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, corporations or organizations for furnishing such information.

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 one year. 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 ___/___/___

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