

Have you ever pled nolo contendere or no contest to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? (Do not include sealed convictions or convictions classified as youthful offender)

Yes No If yes, please state the nature and dates of the plea(s) of nolo contendere or no contest and, if applicable, date(s) of release from prison:

Do you have any pending arrests or criminal investigations against you at this time?

Yes No If yes, please explain

Have you ever been denied a teaching certificate, teaching license or permanent status as a Civil Service employee anywhere?

Yes No If yes, please explain

Have you ever been the subject of an investigation by a school district or any other employer?

Yes No If yes, please explain

Is disciplinary action currently pending anywhere against you related to your teaching license, teaching certification, Civil Service employment or past or current employment?

Yes No If yes, please explain

Have you ever been terminated from employment?

Yes No If yes, please explain

Have you ever been asked to leave a place of employment (or volunteer position) or resigned in lieu of being terminated?

Yes No If yes, please explain

Have you ever resigned to avoid denial of tenure or denial of permanent status as a Civil Service employee?

Yes No If yes, please explain

Have you ever previously worked for or applied for employment at the Forestville Central School District?

Yes No If yes, please explain when and for what positions applied or when and what position previously held

Are you acquainted with or related to any Forestville Central School District employee?

Yes No If yes, please identify _____

POSITION FOR WHICH APPLICATION IS MADE:

I wish to be considered for: Full-time Position
Part-time Position
Substitute Position

Position (please specify): _____

Availability Date: _____

Salary Expected: _____

Grade and Subjects Preferred (in order of preference):

1. _____

2. _____

3. _____

EDUCATIONAL BACKGROUND:

Level	School Name	City/State	Activities, Honors, Offices Held	Course of Study	Diploma or Degree	Number of Years Completed
High School						
College						
University						
Graduate Work						
Business, Tech or Trade						
Other Job Related Experience						

CERTIFICATION INFORMATION:

I hereby certify that I hold a valid teaching certificate issued by the University of the State of New York as follows:

Title of NYS Teachers/Administrators Certificate: _____

Form: _____
(Certificate of qualification, initial, provisional, permanent)

In the field of: _____ Certification No. _____

Valid from _____ to _____ Date Issued _____ Expiration Date: _____
(date) (date)

A candidate not officially certified to teach in the public schools in New York State should give the status of his/her application, as follows (check one):

- Application submitted to and approved by the NY State Education Department
- Application filed – decision pending
- Application not filed

In which other state(s) are you certified? _____

What other teaching certificates or licenses do you hold? _____

Have you ever received tenure from a school district?

Yes No

Have you ever been denied tenure from a school district?

Yes No If yes, please explain: _____

MILITARY SERVICE:

Military Specialty: _____ Highest Rank: _____

Honors Received: _____

WORK EXPERIENCE IN EDUCATION:

Please include student teaching and intern experience

Employer	Address	Dates Employed	Telephone Number	Position Held	Salary	Reason for Leaving

OTHER WORK EXPERIENCE:

Employer	Address	Dates Employed	Telephone Number	Position Held	Salary	Reason for Leaving

PROFESSIONAL REFERENCES:

Please list three professional references under whom you have taught or who have first hand knowledge of your character, personality and teaching/administrative ability. Please do not include individuals to whom you are related. Do include superintendents, principals and supervisors who are willing to be contacted and who will provide an honest appraisal of your work performance.

Name	Occupation	Address/Phone	Years Known
1. _____			
2. _____			
3. _____			

Three(3) letters of recommendations must be filed with this application in order for it to be complete and to establish eligibility for candidacy for the position sought.

Applications at the Forestville Central School District must complete this application in its entirety. Only completed applications will be processed when vacancies occur. In addition to having this completed application on file, the following items are also required to be completed before eligibility for candidacy can be established for the applied position:

1. Three (3) letters of recommendation
2. Notify your placement bureau to send credentials (placement folder and transcripts) to this office.
3. A valid New York State Teachers/Administrators Certificate
4. Results of any certification exams (if applying for teaching position)

PLEASE RETURN THIS APPLICATION TO:

**Forestville Central School District Office
12 Water Street
Forestville, New York 14062**

CONDITIONS FOR EMPLOYMENT:

Please read the following statements carefully as they constitute conditions for employment with the Forestville Central School District:

1. The information that I have provided on this application is complete, accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview process regardless of when such misrepresentation or omission is discovered may result in the refusal of employment, or if employed, shall constitute cause for immediate termination.
3. The persons, schools, current and prior employers, and other organizations named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. If requested by the District in connection with this application, I will take a physical examination that may include one or more drug screening test. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of any such examinations established by the District.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act I will be required to provide timely documentation of identity and employment eligibility.
6. I understand that completion of this Employment Application does not guarantee that I will be employed by the District.
7. In the event that I am employed, I agree to conform to the District's rules and regulations.

Signature of Applicant: _____ Date: _____

Thank you for taking the time to complete our employment application. The application will be kept on file for 12 months after the position has been filled.

FOR OFFICE USE ONLY:

Action	Date	Comment
Application received		
Credentials received		
I-9/W-2 info received		
Placement folder received		
Official transcripts received		
Teaching certificate(s) received		
Interview conducted		
Action Taken		