

**PO Box 300
BOICEVILLE, NEW YORK 12412
845-657-6383**

Onteora Central School District

**PO Box 300
Boiceville, NY 12412**

**Phone (845) 657-6383
Fax (845) 657-8742**

Please complete and return to the Personnel Office

PROFESSIONAL APPLICATION

POSITION PREFERENCE

ELEMENTARY/INTERMEDIATE

K ☐ 1-6 ☐

Subject
(if applicable) _____

MIDDLE/HIGH SCHOOL 7-12

Subject (S) _____

OTHER i.e., Guidance, Psychologist,
Administrative/Supervisory

Specify: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Other

Name(s): _____
Additional information relative to change of name, assumed name or nickname

Mailing
Address: _____

Telephone#: _____

Permanent

Address: _____

Telephone#: _____

Social Security Number: _____ N.Y.S Retirement System Member? ☐ Yes

Email Address: _____ If so, Indicate #: _____ ☐ No

Estimate your total absence from work or school for the last five years _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If not, indicate what type of visa and alien registration number _____

Onteora Central School District is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or other legally protected status. Any concerns regarding discrimination should be directed to the District's Title IX Compliance Officer or to the US Department of Education, Office of Civil Rights.

CERTIFICATION (if pending, please indicate)

State	Date Issued	Type	Subject Validity	Certificate Number

EDUCATION

Dates Attended	High School, College or University	Major Field	Date Graduated	Degree

Applicants must bring official transcript from each college attended to a scheduled interview so that copies can be made and attached (or applicant can arrange for the transcripts to be forwarded).

TEACHING OR PROFESSIONAL EXPERIENCE

Number of Years	Dates	Name of School	Grade(s), Subject, Program

TENURE STATUS

Have you ever received a Tenure Appointment? ☐ Yes ☐ No

If yes, name of School District _____

Date of Permanent Appointment _____ Tenure Area _____

The resolution or letter proving your tenure must accompany this application
(applicable only if applying for a full time position)

STUDENT OR PRACTICE TEACHING

Date(s)	Name of School	Supervisor	Grade(s), Subject, Program

WORK EXPERIENCE (as adult, other than Teaching or Professional)

Date(s)	Location	Position

REFERENCES

List three persons, not employed by Onteora Central School District, who are knowledgeable as to your teaching experience, professional experiences or academic background.

Name _____ Position _____

Address _____

Telephone Number () _____

Name _____ Position _____

Address _____

Telephone Number () _____

Name _____ Position _____

Address _____

Telephone Number () _____

HOBBIES, INTERESTS, EXTRA CURRICULAR SPECIALITIES

MILITARY SERVICE

Service Dates _____ to _____ Branch _____ Rank/Rating _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with physical or mental handicaps.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____

CRIMINAL RECORD

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, give disposition of each charge on a separate sheet of paper and attach same.

Have you completed New York State mandated fingerprinting process? ☐ Yes ☐ No

If yes, when and where? _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the district.

Signature of Applicant

Date of Signature

FOR OFFICE USE ONLY

Initial Interview Date _____

Second Interview Date _____