

**York Central School District**  
2578 Genesee Street, PO Box 102  
Retsof, NY 14539

**Instructional Employment Application**

*The District is an equal opportunity employer, and does not discriminate on the basis of age, race, national origin, color, creed, religion, sex, sexual orientation, marital status, non-disqualifying disability, or other legally protected characteristic.*

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Last) (Other Name)

PRESENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PERMANENT ADDRESS \_\_\_\_\_  
(If different from above) (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
(Area Code) (Phone Number) (Area Code) (Alt. Phone Number) (Social Security Number)

**POSITION DESIRED**

POSITION DESIRED: \_\_\_\_\_  
(Please list grade/subject area)

EXPECTED SALARY: \_\_\_\_\_

INTEREST: (Check all that apply)

Full-Time  Part-Time  Long-Term Substitute  On-Call Substitute

**CERTIFICATION AREA(S)**

**(Attach a copy of each certificate listed)**

NYS Certification Type:  Permanent  Professional  Provisional/Initial  None

Certification Area(s): \_\_\_\_\_

Certification Number(s): \_\_\_\_\_

Other State Certification(s) (List State/Certification Area): \_\_\_\_\_

\*If certified, have you ever had your teaching certificate revoked or suspended?  Yes  No  
If "yes," please explain. \_\_\_\_\_

\*If certified, are you currently subject to a Part 83 proceeding?  Yes  No  
If "yes," please explain. \_\_\_\_\_

New York State Teachers' Retirement System Membership Number: \_\_\_\_\_

New York State TEACH ID Number: \_\_\_\_\_

## EDUCATION

<i>School Attended</i>	<i>Location (City/State)</i>	<i>Type of Degree</i>	<i>Date of Degree</i>	<i>Major/Minor</i>	<i>GPA</i>
<i>(High School)</i>					
<i>(Undergraduate)</i>					
<i>(Graduate)</i>					
<i>(Other)</i>					

## TEACHING EXPERIENCE

◆ \_\_\_\_\_  
*School/City & State* \_\_\_\_\_  
*Grade or Subject*

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Principal / Supervisor* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

◆ \_\_\_\_\_  
*School/City & State* \_\_\_\_\_  
*Grade or Subject*

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Principal / Supervisor* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

◆ \_\_\_\_\_  
*School/City & State* \_\_\_\_\_  
*Grade or Subject*

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Principal / Supervisor* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

## On-Call Substitute Experience

<b>District &amp; Location</b>	<b>Inclusive Dates From To Mo./Yr. Mo./Yr.</b>	<b>Grade(s) or Subject(s) Taught</b>	<b>Total Number of Days</b>

## \*Military or Additional Work Experience

<b>Employer &amp; Location</b>	<b>Inclusive Dates From To Mo./Yr. Mo./Yr.</b>	<b>Job Title</b>	<b>Name of Supervisor/ Telephone Number</b>

\*A dishonorable discharge will not be considered a barrier to employment.

## OTHER

Are you authorized to work in the United States?      Yes      No

Have you been previously fingerprinted and had a criminal history record check by the State Education Department?      Yes      No     If "yes," please state the date performed and list circumstances (e.g., employment at school district, etc.). \_\_\_\_\_

Have you ever been convicted of a crime, or subject to current criminal prosecution?      Yes      No  
If "yes," please indicate specific circumstances regarding the criminal conviction or criminal prosecution. \_\_\_\_\_

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Have you ever been disciplined by a previous employer (e.g., reprimand, fine, suspension, termination, etc.)?      Yes      No     If "yes," please indicate specific circumstances regarding the disciplinary action. \_\_\_\_\_

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Please list any extra-curricular activities that you feel qualified to advise or coach. Specify those activities with which you have had experience. \_\_\_\_\_

## REFERENCES

List names of those who have closely observed your work as a teacher or a student. (In the case of experienced teachers, present and former superintendent, principals and other supervisors are preferred.)

<i>Name and Title</i>	<i>Address</i>	<i>Home and Work Telephone Numbers (include Area Code)</i>
		H - W -
		H - W -
		H - W -

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand the District will conduct an inquiry regarding my background and experience and I authorize participating districts to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. I further understand that all information gathered regarding my application will be the property of the employer and will not be released to me unless required by Federal or State statutes or regulations. Please note upon acceptance that Education Law 3019-a requires a teacher who decides to resign from his/her position to file a written notice with the school at least 30-days prior to his/her resignation date. The teacher remains an employee during that period. A teacher who fails to provide the required 30-days notice could face the following penalties: censure, reprimand and/or certification revocation.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*