

Dundee Central School District

55 Water Street
 Dundee, New York 14837
 Phone (607) 243-5533
 Fax (607) 243-7912
www.dundeecs.org

This form can be completed online, saved to your computer and completed, or printed and completed manually. This application is to be used for all professional positions, including substitute services. Completion and submission does not represent a contract for employment nor does it represent a promise or guarantee of employment. The Dundee Central School is an equal opportunity employer.

The mission of the Dundee Central School is to assure that teaching is effective and learning is successful for all students. We believe that all students are worthy and can learn and endeavor to be recognized for our academic distinction and our commitment to excellence.

PROFESSIONAL APPLICATION

| | | | |
|--|--------------------------|--------------------------|---|
| Last Name | First | Middle | Home Phone |
| Mailing Address: | | | Mobile Phone |
| Street City/State/Zip | | | U. S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E-Mail Address: | Social Security # | | NYS Teacher's Retirement # |
| - - | | | |
| I have the following New York State Teaching/Administrative Certificates and /or Professional Licenses: (Enclose copies of all certificates and/or licenses.) | | | |
| NYS Certification Area(s) | Expiration Date | Initial | Professional |
| | | Provisional | Permanent |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> |
| If Music or Science certified, please list specialization | | | |
| If you do not have NYS Certification, have you made application for one? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If certified in another state, please indicate which state: | | | |

POSITION PREFERENCE

Check one or more as applicable

| | |
|--|---|
| <input type="checkbox"/> Elementary, K-6 | <input type="checkbox"/> Elementary Substitute, K-6 |
| <input type="checkbox"/> Secondary, 7-12 Subject: | <input type="checkbox"/> High School Substitute, 7-12 |
| <input type="checkbox"/> K-12 Positions Position: | <input type="checkbox"/> Substitute, K-12 |
| <input type="checkbox"/> Administration Position: | |
| <input type="checkbox"/> Other Position: | |

FOR OFFICE USE ONLY

| | | | |
|-----------------------|-----------------------|---------------------------------|--|
| Letter of Interest | _____ / _____ / _____ | References Checked | _____ / _____ / _____ |
| Completed Application | _____ / _____ / _____ | Recommendation for Interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement File | _____ / _____ / _____ | Recommendation for Appointment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certificates | _____ / _____ / _____ | | |
| Transcripts | _____ / _____ / _____ | | |

EDUCATION AND PROFESSIONAL PREPARATION

| Schools Attended | Degree(s) | Major |
|------------------------|-----------|-------|
| High School/Location | | |
| Undergraduate/Location | | |
| Graduate/Location | | |

Total number of graduate hours beyond your last degree:

Are Official Transcripts being sent to Dundee Central School? Yes No *(Application Will Not be Considered Without Transcripts)*

Have you requested Placement Folder (if one established) to be sent to Dundee Central School? Yes No

Have you completed the following Mandatory Training? DASA Child Abuse *(Evidence of Completion Required)*

Please check tests passed: LAST EdTPA EAS ALST CST ATS-W ATS-P SBL

STUDENT TEACHING/INTERNSHIP EXPERIENCE *(Note Required for Administrative Applicants)*

| | | |
|---------------------|------------------|---|
| Name of School | | Total Years |
| Address | | From (Month & Year) to (Month & Year) / to / |
| Grade Level/Subject | | |
| Supervisor's Name | Telephone Number | Cooperating Teacher's Name Telephone Number |

| | | |
|---------------------|------------------|--|
| Name of School | | Total Years |
| Address | | Employed From (Month & Year) to (Month & Year) / to / |
| Grade Level/Subject | | |
| Supervisor's Name | Telephone Number | Cooperating Teacher's Name Telephone Number |

| | | |
|---------------------|------------------|--|
| Name of School | | Total Years |
| Address | | Employed From (Month & Year) to (Month & Year) / to / |
| Grade Level/Subject | | |
| Supervisor's Name | Telephone Number | Cooperating Teacher's Name Telephone Number |

TEACHING/ADMINISTRATIVE EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Attach additional pages if necessary.

| | | | |
|----------------------------|--------------------------|-------------------------|---|
| Name of School | | Total Years | Salary |
| Address | | | \$ |
| | | | Employed From (Month & Year) to (Month & Year) |
| | | | / to / |
| Grade Level/Subject | Supervisor's Name | Telephone Number | Did you receive tenure? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for leaving | | | Area: |
| | | | Effective Date: |

| | | | |
|----------------------------|--------------------------|-------------------------|---|
| Name of School | | Total Years | Salary |
| Address | | | \$ |
| | | | Employed From (Month & Year) to (Month & Year) |
| | | | / to / |
| Grade Level/Subject | Supervisor's Name | Telephone Number | Did you receive tenure? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for leaving | | | Area: |
| | | | Effective Date: |

Have you ever been denied tenure? Yes No **Have you been terminated?** Yes No

Special Training, Skills or Strengths You May Wish to Bring to Our Attention:

RELATED PROFESSIONAL EXPERIENCE

Include educational travel, lectures, addresses, publications, organizational membership, committee chairs or memberships, participation in educational experiences, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc.

List any interscholastic sports or extracurricular activities you have or may be willing to coach or advise

PERSONAL BACKGROUND HISTORY

| | Yes | No |
|---|--------------------------|--------------------------|
| 1) Have you ever been convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are any criminal charges or proceedings pending against you? <i>(If yes to either #1 or #2, or both, please explain on a separate sheet.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you served in the U.S. Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you receive a dishonorable discharge? <i>(If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Are you currently an active member of the military reserve? | <input type="checkbox"/> | <input type="checkbox"/> |

REFERENCES

Give the names of three references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are preferred.

| Name | Name | Name |
|---------|---------|---------|
| | | |
| Title | Title | Title |
| | | |
| Address | Address | Address |
| | | |
| Phone | Phone | Phone |
| E-Mail | E-Mail | E-Mail |

PERSONAL STATEMENT

Use this space to include information that you believe would enhance your candidacy. Add additional page if necessary.

I, _____(print name), hereby grant permission to the Dundee Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which become part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Dundee Central School District and its officers, agents, and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or undergo any additional procedures required by the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check.

This employment application will be valid for one year from the date of completion.

Date

Signature of Applicant

Please return completed application to:

Office of Superintendent
Dundee Central School District
55 Water Street
Dundee, New York 14837

Dundee Central School District is in compliance with the U.S. Civil Rights Acts of 1964 and the Title IX Educational Amendments of 1972, Part 86. The District provides equal opportunity and does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status or handicap.