



Clarence Central School District

9625 Main Street • Clarence, New York 14031-2083 • (716) 407-9107 • www.clarenceschools.org

Application for Professional Employment

Date

Position Requested

Please check preference <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute	Please indicate grade level preference <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <hr/> Please indicate grade choice, in order of preference <hr/> Please indicate subject/area choice, in order of preference
--	---

Certification

Personal Information

Name _____ Social Security # _____
Last First Middle Initial

Current Address _____
Number & Street City State Zip

Permanent Address _____
Number & Street City State Zip

Phone _____ E-mail Address _____
Indicate if home, work, cell Alternate Number- Indicate if home, work, or cell

Are you a member of the New York State Teachers' Retirement System? Yes No

Retirement Number _____

Are you a member of another retirement system? Yes No

Name of system _____

Have you submitted your fingerprints to the NYS Education Department? Yes No

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No

Name

Certification

Please copy exact wording from Certificate. Indicate if pending.

Title of Certificate Subjects and/or Grades	Provisional/Permanent/Initial/Professional	Number	Effective Date	Expiration Date	State

For Office Use Only:

Education

Name and Location of School	Major/Minor	Degree/Diploma
High School:		
Name and Location of School	Major/Minor	Degree/Diploma
Undergraduate School:		
Name and Location of School	Major/Minor	Degree/Diploma
Graduate School:		
Activities, Awards, Honors:		

— Please complete the following section **ONLY** if you have fewer than 3 years regular full-time teaching employment —

Student Teaching

Experience:	School and Location	No. of Weeks	Describe Type of Situation and Work You Did

References: Please Include Cooperating Teachers	Position	Mailing Address	Telephone
Name			

References

Please list at least 3 references who have knowledge about your character, scholarship, and professional abilities.

Name	Position	Mailing Address	Telephone

Employment History

List positions held since high school.
Begin with most recent employer.

Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			

Prior Tenure Record

All applicants must complete this statement to assure compliance with provisions of Section 3012, Subdivision 1, of the Education Laws of the State of New York. Have you ever received tenure in New York State either in a school district or Board of Cooperative Education Services (BOCES)?

Yes No

If Yes, please complete the following and attach a copy of a Board of Education resolution or other document received from granting organization.

Name of School District or BOCES

Tenure Area

Date(s) Conferred

Personal Statement

Please use this space to identify significant or noteworthy skills, strengths, experiences, etc. that would contribute to your ability to perform the job.

My signature below authorizes the Clarence Central School District to conduct an inquiry into my background and experience regarding my application for employment. I waive my right to access any information gathered by the Clarence Central School District regarding the inquiry and, without limitation, hereby release the Clarence Central School District and the reference sources from any liability in connection with release of information or its subsequent use.

Furthermore, I certify that to the best of my knowledge the statements and information I have provided in this application are true and correct. I understand that falsification on any part of this application is sufficient grounds for disqualification from employment or dismissal, if hired.

Signature of Applicant _____ Date _____

To complete the application process, please forward this application, official transcripts, placement folder, and a copy of certification to:

**Personnel Director
Clarence Central School District
9625 Main Street
Clarence, New York 14031-2083**

For District Use Only: Interview History

Date

Initials
