

LYME CENTRAL SCHOOL DISTRICT
CERTIFIED EMPLOYMENT APPLICATION

Cammy J. Morrison
Superintendent
P.O. Box 219
Chaumont, New York 13622-0219

POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION:

Name:	Former Name(s):
Social Security #:	
Mailing Address:	Email address:
Home Phone:	
Work Phone:	
Are you a citizen of the United States? Yes _____ No _____	
Do you have any health condition that would impair your ability to perform the functions of the position for which you are applying? Yes _____ No _____	
If yes, please explain:	
Military Experience:	
Branch of Service: _____	Rank / Specialty: _____
Dates of Service: From: _____	To: _____

CERTIFICATION / PROFESSIONAL LICENSE

I hold the New York State Teaching / Administrative Certificate(s) described below:				
Permanent	Provisional	Certificate Qualification	Area	Date Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
If you do not hold a N.Y.S. Teaching Certificate, have you made application for one? Yes _____ No _____				
If certified in another state, please describe: _____				
Other licenses held: type and issuing authority: _____				
Expiration Date: _____				
<i>Applicant must provide the original N.Y.S. certificate, C.Q. or licenses at time of hire.</i>				

EDUCATIONAL PREPARATION

	<u>Name and Location of School</u>	<u>Major / Minor</u>	<u>Did You Graduate?</u>
High School:	_____		
	<u>Name and Location of School / Dates Attended</u>	<u>Major / Minor</u>	
College : (undergrad.)	_____		
Degree Granted / Date:	_____		
College : (Graduate)	_____		
Degree Granted / Date:	_____		
Vocational / Tech. / Trade:	_____		
<i>(It is the applicant's responsibility to have official college transcripts and placement folder sent to Lyme C.S.D.)</i>			
STUDENT TEACHING:			
<u>Dates</u>	<u>Name and Location of School</u>	<u>Subject or Grade Level</u>	<u>Cooperating Master Teacher</u>

TENURE STATUS

Applicants must complete and sign this statement to assure compliance with the provisions of Section 3012, Subdivision I, of New York State Education Law.

Were you ever appointed to tenure in a public school district in New York State: Yes: _____ No: _____
If yes, complete: Tenure Area: _____ Date Tenure Granted: _____

Name and address of school district or BOCES where tenure was granted:

Signature: _____ Date: _____

OTHER INFORMATION

Indicate any skills, interests, hobbies, or awards and activities relevant to the position you applied for.

EMPLOYMENT HISTORY

TEACHING / WORK EXPERIENCE:

Begin with most recent. Include any substitute teaching, and indicate as such.

Employer: _____ Phone: _____

Subject Area / Grade: _____ Supervisor: _____

From / To: _____ Reason for Leaving: _____

Employer: _____ Phone: _____

Subject Area / Grade: _____ Supervisor: _____

From / To: _____ Reason for Leaving: _____

Employer: _____ Phone: _____

Subject Area / Grade: _____ Supervisor: _____

From / To: _____ Reason for Leaving: _____

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least three (3) references that are not included in your placement folder. Preference should be given to former school principals and superintendents for whom you have taught, or professionals with whom you have worked.

1) _____

2) _____

3) _____

APPLICANT'S STATEMENT

I understand that Lyme Central School will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews. I authorize Lyme Central School to conduct a criminal history records search.

I authorize all individuals, schools, and employers mentioned therein to provide any information requested about me, and I release them from all liability or damage for providing this information.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the Lyme Central School Board of Education.

I certify that all statements herein are true, and understand that any falsifications or willful omissions shall be just cause for dismissal or refusal of employment.

Signature: _____ Date: _____