

LAFARGEVILLE CENTRAL SCHOOL

**CERTIFIED EMPLOYMENT APPLICATION**

Travis Hoover  
Superintendent

Todd Burkert  
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Principals

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**All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the LaFargeville CSD.**

POSITION APPLYING FOR: \_\_\_\_\_

TYPE OF EMPLOYMENT: \_\_\_\_Full-time \_\_\_\_Part-time \_\_\_\_Substitute \_\_\_\_Temporary

DATE AVAILABLE FOR WORK: \_\_\_\_\_

HOW DID YOU LEARN OF THE VACANCY: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SOC. SEC. # (OPTIONAL)\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*for payroll purposes only

FORMER NAME(S) \_\_\_\_\_  
For purposes of verifying work and education records.

MAILING ADDRESS: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? \_\_\_\_Yes \_\_\_\_No

If yes, what system? \_\_\_\_\_

What is your number? \_\_\_\_\_

**CERTIFICATION/PROFESSIONAL LICENSE**

I hold the New York State Teaching/Administrative Certificate(s) described below:\*

			Area	Date Issued
Professional _____	Initial _____	Certificate of Qualification _____	_____	_____

Professional _____	Initial _____	Certificate of Qualification _____	_____	_____
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If you do not have a New York State Teaching Certificate, have you made an application for one? \_\_\_\_Yes \_\_\_\_No

If yes, where and with whom: \_\_\_\_\_

If certified in another state, please describe: \_\_\_\_\_

Other licenses held; type and issuing authority \_\_\_\_\_ Exp. Date \_\_\_\_\_

*\*Applicant must provide the original N.Y.S. certificate, C.Q., or licenses at time of hire.*

## EDUCATIONAL PREPARATION

	<u>Name and Location of School</u>	<u>Major/Minor</u>	<u>Did you graduate?</u>
High School			

	<u>Names and Location(s) of School(s)</u>	<u>Dates Attended</u>	<u>Sem. Hrs.</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Date Degree Granted</u>
College (Undergraduate)						
College (Graduate)						

*It is the applicant's responsibility to have official college transcripts and placement folders forwarded to the district.*

## STUDENT TEACHING

<u>Dates</u>	<u>Names and Location of Schools</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 1, of New York 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/BOCES where tenure was granted: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TEACHING, ADMINISTRATIVE OR WORK EXPERIENCE

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

Total Number of Years Teaching: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

MILITARY EXPERIENCE:    Branch of Service \_\_\_\_\_ Rank/Specialty \_\_\_\_\_  
   Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

#### **OTHER REFERENCES FAMILIAR WITH YOUR WORK**

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

Name	Position/Institution	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### **ADDITIONAL INFORMATION**

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMODATION: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)    \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to any of these questions, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to the above question, please state in detail the action that was taken against you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **SPECIAL COMMENTS**

On a separate sheet of paper, please note any special comments you feel are appropriate that may merit consideration in support of you application. If you desire, you may attach supportive documentation in the form of awards, testimonials, etc. Please do not provide any personal information except that which is specifically requested on the employment application.

#### **APPLICANT'S STATEMENT**

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

I understand that the LaFargeville Central School District will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

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

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by the LaFargeville Central School District, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the district. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the district, I agree to conform to the rules and regulations of the district as set forth in the district handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the district at any time at the district's sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the LaFargeville Central School District, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 N.Y. Laws, Chapter 180), I understand that I will be discharged by the district, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

**LAFARGEVILLE CENTRAL SCHOOL**

**WAIVER AND RELEASE FOR APPLICANT  
BACKGROUND CHECK**

By signing below, I, \_\_\_\_\_, hereby authorize the LaFargeville Central School District to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize the district to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the district.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.*