



FORT EDWARD UNION FREE SCHOOL DISTRICT
 Superintendent's Office
 220 Broadway
 Fort Edward, New York 12828

FOR OFFICE USE

Date of Interview:	
Interviewer:	Time:
Date Employed:	
Date Withdrew:	
Years Credited:	
Step:	
Credit Hours:	
Salary:	

TEACHER OR ADMINISTRATOR EMPLOYMENT APPLICATION

GENERAL INFORMATION

Name _____
 (Last) (First) (Middle)

Any other name by which you may have been known in the past _____ Social Security Number _____ - _____

Present Address _____

Home phone _____ Cell phone _____

Email _____

Are you a member of the New York State Teacher's Retirement System? Yes No If yes, Retirement # _____ Tier _____

POSITION PREFERENCE

Subject Area(s) _____

Elementary School ___ PreK ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6

Middle School ___ 7 ___ 8

High School ___ 9 ___ 10 ___ 11 ___ 12

Date Available for Work _____

PERSONAL DATA

Have you ever been dishonorably discharged from military duty? Yes No If yes, please explain: _____

Have you ever been asked to resign or terminated from employment because of a disciplinary action? Yes No If yes, please explain: _____

Has your teaching certification ever been terminated or temporarily suspended pursuant to a part 83 hearing? Yes No If yes, please explain on a separate sheet.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No If yes, please explain: _____

Are you legally eligible for employment in this country? Yes No

Upon employment you will be asked to produce identification in accordance with the Immigration Reform and Control Act of 1985.

The Fort Edward Union Free School District is an equal employment opportunity employer. The Fort Edward Union Free School District does not discriminate on the basis of race, color, national origin, creed, gender, sexual orientation, age, handicap, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications, or discrimination in connection with these listed areas. The Compliance Office for Title IX and Section 504 can be contacted through the Superintendent's Office, Fort Edward Union Free School, 220 Broadway, Fort Edward, New York 12828.

EDUCATIONAL PREPARATION

Do you have a High School Diploma? (If no, please explain.) Yes No _____

Name and Location of School	Dates Attended	Semester Hours	Major/Minor	Grade Pt. Avg.	Degree	Date Granted
College (undergraduate)						
College (graduate)						
Vocational/Technical Trade						

Student Teaching / Internship

Date	Name and Location of School	Subject or Grade Level	Cooperating Teacher	Supervisor

CERTIFICATION/PROFESSIONAL LICENSE INFORMATION

It is the applicant's responsibility to have official college transcripts, placement folder, (if available) or a minimum of three written references and a copy of any certification or licensure issued by the State of New York forwarded to the Superintendent's Office.

A. I hereby certify that I hold a teaching certificate issued by the University of the State of New York as follows:

Area of Certification	Form (certification of qualification, provisional, permanent)	Date

B. A candidate not officially certificated to teach in the public schools of New York State should give the status of his or her application, if any, as follows (check one):

- Application submitted to and approved by the NYS Department of Education - certificate forthcoming.
 Application filed, decision pending. Application not filed.

C. Have you taken the required New York State Teacher Examination? Yes No

D. List non-New York State Teaching certificates. _____

E. List any New York State professional licenses you hold. _____

F. If you are not certified, but are working toward certification, please summarize your present status.

TENURE STATUS

Were you ever appointed to tenure in a public school district in New York State? Yes No If yes, please complete:

Tenure Area _____ Date Tenure Granted _____

Name and address of school district where tenure was granted _____

Following the conferral of tenure, were you ever dismissed from any school district pursuant to New York Education Law section 3012 and 3020-a? Yes No

EMPLOYMENT HISTORY (most recent first)

Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Name	Address	Phone	How known

When indicated, I hereby authorize Fort Edward Union Free School District to make any investigation of my past employment and waive the right of access to any information submitted by these references.

PERSONAL STATEMENT

On a separate sheet of paper, provide your responses to the following:

1. Indicate any special talents or experiences that would have a positive impact on students.
2. Provide any additional information of interest or value regarding your candidacy.

I declare and affirm that the statements made in this application are true, complete, and correct. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.

DATE _____ SIGNATURE OF APPLICANT _____
Application invalid without signature and date

Interested candidates must submit a letter of interest, resume, completed application, proof of New York State Certification, official transcript(s), and confidential placement folder to:

**Mr. Daniel Ward
Superintendent of Schools
Fort Edward Union Free School District
220 Broadway
Fort Edward, New York 12828**

You will be contacted by the District if you are a candidate for a position in the Fort Edward Union Free School District. If you are not contacted, your application will be kept on file for one year and you will not be notified.