

NAME: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_  
DATE: \_\_\_\_\_



Complete and return to:

Assistant Superintendent for Instruction and Personnel  
Beacon City School District  
10 Education Drive  
Beacon, New York 12508

# BEACON CITY SCHOOL DISTRICT

"An Equal Opportunity Employer"

Applying for Position (Elementary or Subject Area): _____	
Area of Certification ONLY	
Circle Grade Level Preference: 12 11 10 09 08 07 06 05 04 03 02 01 Kgn PreK	
Name (Please Print) :	
Present Address (Street, City/State, Zip):	
Home Phone: _____	Cell: _____ Email@: _____
Permanent Address (Street, City/State, Zip)	
Home Phone: _____	Cell: _____ Email@: _____
<b>PERSONAL DATA</b>	
Ability to perform job : (CHECK ONE) <input type="radio"/> Accommodation Needed <input type="radio"/> Accommodation NOT Needed	
If needed, what is the nature of the accommodation?	
Days absent due to illness last two years:	# of days absent last year: _____ + # of days absent previous year: _____ = Total
Social Security Number: _____	Retirement Number: _____
US Citizen? If not, do you have a legal right to be in the United States?	
Have you ever been convicted of a felony?	
Have you received fingerprint clearance from the New York State Education Department, Office of School Personnel Review & Accountability (OSPRA)?	
<input type="radio"/> Yes - Please include a copy of your clearance with this application	
<input type="radio"/> No	
<input type="radio"/> Pending - Please give date application was submitted to NYSED: ____ / ____ / ____	
<b>LICENSE INFORMATION:</b>	Certification Area: _____
Title of New York State Certificate:	
Name as given on Certificate:	
Valid From: ____ / ____ / ____ to ____ / ____ / ____	
Certification Number: _____	
If not licensed in New York State, give status: _____ Application Filed _____ Application NOT Filed	
If certified in another state please name state: _____	

**EDUCATIONAL BACKGROUND:**

Dates attended: From - To	Institution Name & Address	Major	Degree Received	Semester Hours Beyond Degree

**PROFESSIONAL EXPERIENCE** *List in chronological order beginning with most recent experience:*

Dates From - To	Name of School & Address	Number of Years Taught	Grade/Subject	Last Year Salary

**REFERENCES** Give three references, including Superintendents, Principals and Supervisors, who have firsthand knowledge of your character, personality, scholarship and ability. If presently employed, list your present employer first.

Name	Name of School & Address	Position	Telephone #

Name and address of College Office where your placement papers may be obtained: \_\_\_\_\_

Specify what name your placement folder is filed under, if different than current name: \_\_\_\_\_

Have you ever filed an application or been employed here before?  Yes  No

What extra class activities are you able to conduct? \_\_\_\_\_

List membership in Professional Organizations: \_\_\_\_\_

