

Name: _____

NY Certification: _____

Date: _____



Complete and return to:

Assistant Superintendent of Personnel and Policy
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: _____

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@:

PERSONAL DATA

Ability to perform job : (CHECK ONE) Accommodation Needed Accommodation NOT Needed

If needed, what is the nature of the accommodation?

	# of days absent last year:		# of days absent previous year	Total
Days absent due to illness last two years:	_____	+	_____	= _____

Social Security Number: TRS 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)?

- Yes - Please include a copy of your clearance with this application
- No
- Pending - Please give date application was submitted to NYSED: ____ / ____ / ____

LICENSE INFORMATION: 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? _____

What extra class activities are you able to conduct? _____

List membership in Professional Organizations: _____

Do you speak a language other than English? () No () Yes: _____

TENURE:

Have you ever held tenure in any school district in New York State? () No () Yes, please list: (attach additional sheet with addresses)

Date tenure was granted: _____

Have you ever been denied tenure? _____ No _____ Yes; List name of district:

I hereby affirm that the information contained in this application is accurate and complete. Falsification of any statements and/or accompanying documents may be reason for dismissal.

Candidates Signature: _____ Date: _____

