

Willsboro Central School  
 PO Box 180, 29 School Lane  
 Willsboro, New York 12996  
 (518) 963-4456 Fax (518) 963-7577  
[www.willsborocsd.org](http://www.willsborocsd.org)

**TEACHING APPLICATION**



**PERSONAL INFORMATION**

\_\_\_\_\_  
 Last First Middle

\_\_\_\_\_  
 Street City State Zip

\_\_\_\_\_  
 Telephone # Social Security #  
 (Permanent Address If Different From Above)

\_\_\_\_\_  
 Street City State Zip

**POSITION PREFERENCE (Specify Preference)**

<b>Elementary</b>	<b>Secondary</b>	<b>Other</b>
Pre-K - 2nd _____	6th - 8th _____	Guidance, Psychologist
3rd - 5th _____	9th - 12th _____	Administrative, Supervisory
Special Education	Special Education	Specify _____
Grade Level _____	Subject _____	

**SUBSTITUTE TEACHING**

I am interested in substitute teaching in the following areas - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITY:**

(check if only available 1/2 days)

<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>TH</u></b>	<b><u>F</u></b>
a.m. _____	a.m. _____	a.m. _____	a.m. _____	a.m. _____
p.m. _____	p.m. _____	p.m. _____	p.m. _____	p.m. _____

Check Here If Available Mon. - Fri., Full Days - \_\_\_\_\_

**CERTIFICATION (List All Certifications) if pending, please indicate**

State	Date Issued	Date Expires	Subject Validity	Type of Certification & Number

**UNDERGRADUATE EDUCATION (Including High School)**

School(s)	Location	Dates	Nature of Studies Major / Minor	Diploma / Degree	Date Granted

**GRADUATE EDUCATION**

College	Location	Major Specialization	Credits	Degree	Date Granted

List Any Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLASTIC HONORS -**

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS -**

\_\_\_\_\_  
\_\_\_\_\_

**READING BACKGROUND (Elementary Teachers Only)**

List title and credit hours of course work taken in the teaching of reading.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELATED PROFESSIONAL EXPERIENCE**

(Educational travel, lectures, publications, organizational membership, committee chairs, or memberships, participation in educational experiences, innovations, special programs, elective positions held, community and social services, scouting, recreations, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL EXPERIENCE IN SCHOOL** (List most recent experience first, include any substitute teaching)

Date	Name and Location of School	Nature of Experience	Total Years	Supervisor Name/ Phone #	Reason for Leaving

(Student teaching, if fewer than 3 years of full-time employment)

Years	Name & Location of School	Subject / Grade Level

**OTHER WORK EXPERIENCES** (business, trade, summer occupations)

Dates	Firm / Institution	Nature of Work	Full-Time Part-Time	Supervisor Name / Phone #	Reason for Leaving

**PRIOR TENURE RECORD**

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, of the Education Laws of the State of New York)

Have you ever received TENURE in any school district or board of cooperative education services (BOCES)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If Yes, please indicate \_\_\_\_\_  
(Name of School District) Date

Have you ever been denied tenure in any school district or board of cooperative education services (BOCES)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

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

\_\_\_\_\_

\_\_\_\_\_  
(Signature) Today's Date

**GENERAL INFORMATION**

NYS Teacher's Retirement System Member?

\_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, indicate number) \_\_\_\_\_

Have you ever been dismissed from a position or resigned prior to being dismissed?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
(if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
(if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

New York State School law requires that all personnel must be fingerprinted for employment and processed through Morpho Trust by going to their website at [www.identogo.com](http://www.identogo.com) (Instructions attached)  
The fee for fingerprinting is **\$99.00**.

Have you been fingerprinted? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If NO, you will be contacted regarding fingerprinting procedures)

**REFERENCES**

(Give the names of three persons who have closely observed your work as a professional or a student. References by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendations.)

	Reference #1	Reference #2	Reference #3
Name			
Official Position			
Address			
City, State			
Telephone Number			

List the college placement office where your confidential records may be obtained.

\_\_\_\_\_

**APPLICANT'S STATEMENT**

Please give a statement covering any additional information, which will help in judging your suitability for a position, including such things as your goals in teaching not mentioned elsewhere and any special experience, training, or interests.

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*The facts set forth on this application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I do hereby authorize representatives from Willsboro Central School to contact my former employers. The purpose of this release is to permit the Willsboro Central School District to obtain information regarding my work history and job performance. I also authorize Willsboro Central School to utilize the information obtained as a part of my application for employment.*

**Signature of Applicant**

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**Date**

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Applications will be kept on file for ONE YEAR from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

It is the responsibility of the applicants to furnish college transcripts, placement folder, **and three (3) current letters of recommendation.**

Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap, or veteran status.

## PERSONAL STATEMENTS

1. Why did you decide to become a teacher?

2. What do you want to accomplish as a teacher?

3. In your estimation, what are the most critical challenges facing education today?

Dean of Students  
Charmaine Flynn

CSE Chairperson  
Jennifer Leibeck

Guidance Counselor  
Chris Ford

Athletic Director  
Michael Douglas

# WILLSBORO CENTRAL SCHOOL

*~Superintendent of Schools - Stephen Broadwell~*

*P. O. Box 180, 29 School Lane*

*Willsboro, New York 12996*

*Phone: (518) 963-4456*

*Fax: (518) 963-7577*

*[www.willsborocsd.org](http://www.willsborocsd.org)*

Board of Education

Phyllis Klein, President

Herb Longware, Vice President

Don Hollingsworth

Craig Jackson

Kasey Young

Brandy Pierce, District Clerk

Sheila Vanags, Treasurer

Business ID# 19401

## Fingerprinting Process

To make an appointment Contact Morpho Trust by going to their website at <https://uenroll.identogo.com/> and entering a service code - **14ZGR7**. If you have any questions and need assistance you can contact them at (877)472-6915.

The fingerprinting fee can be paid at the time of scheduling through credit card, or on-site at the time of the fingerprinting appointment with a credit card. The **fingerprinting fee is: \$99.00**.

In order to be fingerprinted you **must have two forms of identification**. At least one form of identification must contain a photo.