

Willsboro Central School
 PO Box 180, 29 School Lane
 Willsboro, New York 12996
 (518) 963-4456 Fax (518) 963-7577
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

 Email:

POSITION PREFERENCE (Specify Preference)

| | | |
|-------------------|-------------------|-----------------------------|
| Elementary | Secondary | Other |
| 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)
M T W TH F
 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 (Instructions attached)
The fee for fingerprinting is **\$101.75**

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.

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

Date

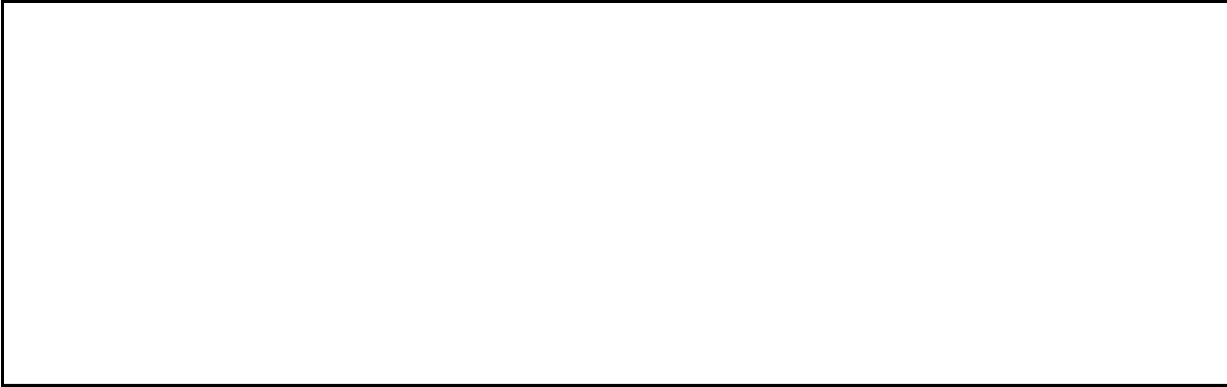
Applications will be kept on file for ONE YEAR from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

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

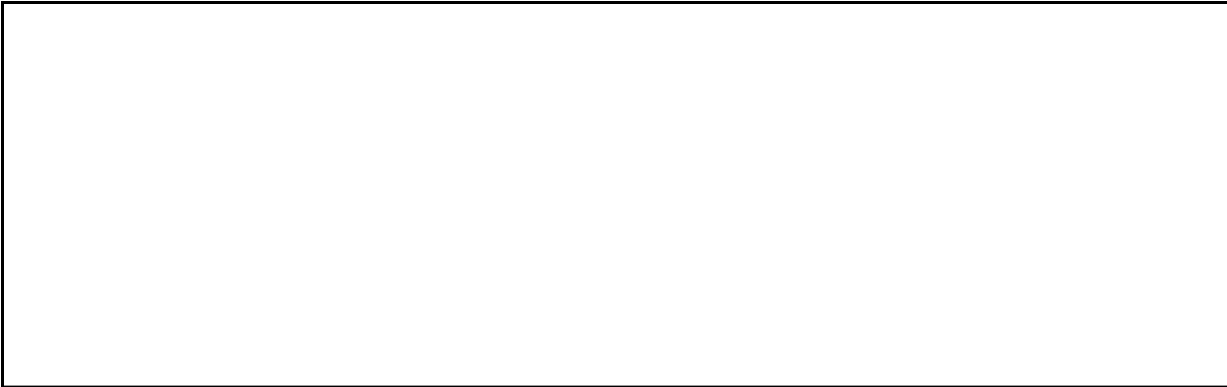
Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap, or veteran status.

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?

