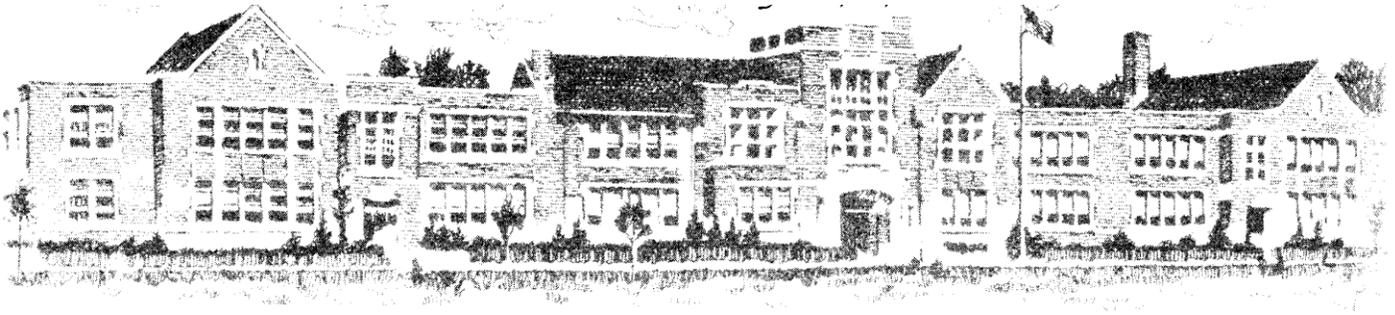


# Alfred-Almond Central School

Almond, New York 14804



## APPLICATION of

Name \_\_\_\_\_  
(Last) (First) (Middle) (Other\*)

\*Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.

Present Address \_\_\_\_\_  
Number Street

City State Zip Code

Permanent Address \_\_\_\_\_  
Number Street

City State Zip Code

Telephone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Permanent Alternate Cellphone

FOR POSITION OF \_\_\_\_\_

[ ] Full Time [ ] Substitute

Date \_\_\_\_\_

This application should be completed and mailed to:

**Superintendent of Schools  
Alfred-Almond Central School  
6795 State Route 21  
Almond, New York 14804**

**Phone (Area Code 607) 276-6500**

**PERSONAL BACKGROUND HISTORY**

Are you a U.S. Citizen?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, have you been issued a certificate of relief from disability?  Yes  No

Are any criminal charges or proceedings pending against you?  Yes  No  
 (If yes, to any of above three questions, please explain on a separate sheet.)

Are you legally authorized to work in the United States?  Yes  No

Have you ever served in the US Armed Forces?  Yes  No

If yes, did you receive a dishonorable discharge?  Yes  No (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)

List any persons currently serving on our Board of Education or working for the district who are related to you:

**CERTIFICATION AREA(S):**  
**(Attach a copy of each certificate listed)**

I hold the following New York State Teaching/Administrative Certificates and/or Professional Licenses:				
Area:	Expiration Date	PERM	PROV	CERT QUAL
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have NYS Certification, have you made application for one: YES [  ] NO [  ]  
 If certified in another state, please indicate:  
**ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES**

For what position, grades or subjects (in order of preference) do you wish to apply? \_\_\_\_\_  
 \_\_\_\_\_

Are you under contract?  Yes  No Where? \_\_\_\_\_ Date of Expiration \_\_\_\_\_

When will you be available? \_\_\_\_\_ Other Interests \_\_\_\_\_

Present Salary? \_\_\_\_\_ Minimum salary you would accept \_\_\_\_\_

Social Security No. \_\_\_\_\_ NYS Retirement No. \_\_\_\_\_

### EDUCATIONAL AND PROFESSIONAL TRAINING

	School or Institution Name	Major	Diploma or Degree	Year of Graduation	Dates of Attendance to	Semester Hours Credit
High School					 	
College					 	
Graduate Work					 	
Special Trng or Inservice					 	

**Application may not be considered without Transcripts**    Enclosed    Will Forward

### STUDENT TEACHING/INTERNSHIP

Applicants who have had no full time teaching experience, but who have completed or are currently engaged in student teaching are requested to fill in the following:

Name and Location of School	Name of Cooperating Teacher	Name of College Supervisor	Grade or Subject Taught	Dates From To

Give full and accurate data regarding your:

### EMPLOYMENT/TEACHING EXPERIENCE

Name of School or Institution and Location	Name of Immediate Supervisor & Phone Number	Grades or H.S. Position Taught or Position Held	Dates From To

**Work Experience Other Than Above** (include day-to-day substitute teaching)

Employer & Address of Employer	Kind of Work	Dates of Employment

Have you ever failed to be re-appointed to any position?  Yes  No

Have you ever been denied tenure?  Yes  No

Have you ever resigned from any employment at the request of any employer to avoid denial of tenure, discharge, or any other disciplinary action?  Yes  No

Have you been terminated from any employment or asked to resign to avoid termination or discipline?  Yes  No

Have you ever been employed at this district before?  Yes  No If yes, give dates: \_\_\_\_\_

*If you answered yes to any of the above questions, please explain on a separate sheet.*

Did you ever receive tenure in a public school district in New York State?  Yes  No

If yes, indicate tenure area: \_\_\_\_\_ Effective date: \_\_\_\_\_

If previously granted tenure in New York State, provide address of school district where granted:

**REFERENCES:** Give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship and ability.

Name	Position	Permanent Address	Telephone Work - Home -
			W - H -

**RELATED PROFESSIONAL EXPERIENCE**

List educational travel, lectures, addresses, publications, other professional licensure or certification, organizational membership(s), committee chair(s) or membership(s), participation in educational experiments, innovations, special programs, elective positions held, community and social services and recreation that you would consider relevant to your ability to perform duties of this position.

List any interscholastic sports or extracurricular activities you would be willing to coach or advise: \_\_\_\_\_  
\_\_\_\_\_

(You may enclose copies of testimonials, if you so desire, also.)

Please attach a statement covering any additional points which will help in judging your suitability for a position, including such things as: 1. Your aims in education; 2. Special experience, training or interests not mentioned elsewhere. Be as complete and thorough as possible.

Signature of Applicant \_\_\_\_\_

**PERSONAL STATEMENT**

Use this space to include information that you believe would enhance your candidacy.

## APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, \_\_\_\_\_ (print name), hereby grant permission to the Alfred-Almond Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Alfred-Almond Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee to NYSED and any other fees required to so effectuating this process.

This employment application will be valid only for six (6) months from the date that it is completed.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

DATE: \_\_\_\_\_