

# Fabius-Pompey Central School District

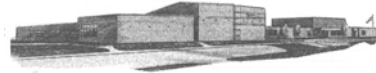
*"Enter to Learn-Leave to Serve. Striving for Excellence in School, Community, and the World."*

1211 Mill Street  
Fabius, NY 13063

Telephone: 315-683-5301  
FAX: 315-683-5827



ELEMENTARY SCHOOL  
(315) 683-5857



MIDDLE SCHOOL - HIGH SCHOOL  
(315) 683-5811

## APPLICATION FOR INSTRUCTIONAL EMPLOYMENT

Please Print or Type

POSITION DESIRED \_\_\_\_\_  Full Time  Substitute

### PERSONAL INFORMATION

Name _____			
_____	_____	_____	_____
Last	First	Middle	
Present Mailing Address _____			Zip _____
Permanent Mailing Address _____			Zip _____
Home Phone ( ) _____		Work Phone ( ) _____	Cell _____
Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### CERTIFICATION/LICENSE

I hold the <b>New York State</b> Teaching/Administrative Certification(s) described below. <i>Please provide copies.</i>				
<input type="checkbox"/> Initial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Provisional	<input type="checkbox"/> Certificate of Qualification _____	_____
			Area	Date Issued
<input type="checkbox"/> Initial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Provisional	<input type="checkbox"/> Certificate of Qualification _____	_____
			Area	Date Issued
If you do not have New York State Teaching Certification, are you eligible to apply for or have you applied for certificate?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No	Date _____	
Other licenses held; type and issuing authority _____				

A letter of interest, resume, transcripts, and copy of teaching certificate must accompany this application. Please mail to: Superintendent's Office, Fabius-Pompey Central School District, 1211 Mill Street, Fabius, NY 13063. Your application will remain on file for one year unless otherwise notified.

The Fabius-Pompey Central School District does not discriminate on the basis of age, color, religion, creed, disability, marital status, gender, veteran status, national origin, or race in the educational programs and activities which it operates.

EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Retirement System No. \_\_\_\_\_

Are you a U.S. citizen?      Yes      No

If no, have you filed a declaration of intention to become a citizen?      Yes      No

Have you ever been convicted of a crime?      Yes      No     If yes, explain.

**EDUCATIONAL BACKGROUND**

Number of Semester Credit Hours Above Bachelor's Degree \_\_\_\_\_

School	Location	Type of Diploma or Degree	Date Granted	Major	Distinctions and Honors
HIGH SCHOOL					
COLLEGE or UNIVERSITY					
GRADUATE STUDIES					
OTHER					

**TEACHING EXPERIENCE**

Type of Experience	School, Location and Phone Number	Grades or Subject Taught	From	To	Total Years
<b>PUBLIC SCHOOL TEACHING</b> (List most recent experience first)					
<b>STUDENT TEACHING</b>					
<b>OTHER TEACHING</b> (include substituting)					

**TENURE STATUS**

Were you ever granted tenure in a public school district in New York State?  Yes  No If yes, complete the following: Tenure Area \_\_\_\_\_ Effective Date \_\_\_\_\_

Name and address of school district where tenure was granted: \_\_\_\_\_

Were you ever dismissed from the school district granting tenure pursuant to Education Law section 3020a?  
 Yes  No

**ACTIVITIES, SKILLS, ABILITIES, ORGANIZATIONS**

Positions of leadership held or honors received in college, teaching, or in the community:  
\_\_\_\_\_  
\_\_\_\_\_

Experience in organizations you feel help qualify you for the position: \_\_\_\_\_

Recent participation in professional activities:  
\_\_\_\_\_  
\_\_\_\_\_

Other skills and abilities, for example, coaching, extracurricular advisorship:  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES** (Superintendents, Principals, and Department Chairpersons under whom you have taught, and who have first-hand knowledge of your character, teaching ability, and scholarship.)

Name	Official Position	Institution	Present Address	Telephone

**PLACEMENT FOLDER**

Please have your placement folder, including transcripts from all institutions attended, sent to the Superintendent's Office, Fabius-Pompey Central School District, 1211 Mill Street, Fabius, NY 13063.

Name and address of College/University where your placement folder is located:

\_\_\_\_\_

