

Fabius-Pompey Central School District

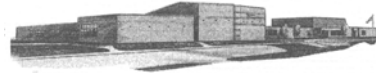
"Enter to Learn-Leave to Serve. Striving for Excellence in School, Community, and the World."

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			Middle
First			Zip _____
Present Mailing Address _____			
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 New York State 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
PUBLIC SCHOOL TEACHING (List most recent experience first)					
STUDENT TEACHING					
OTHER TEACHING (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:

In your own handwriting, please explain how you perceive your long-term purposes and contributions to the education of children.

I certify that all statements made by me on this application (including statements made in accompanying papers) are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature

Date

OFFICE USE ONLY

REFERENCE CONTACTS

Date	Interviewer	Comments

Position Assigned _____ Building _____ Date _____

Date	Person Contacted	Position	Comments	Contact made by

School Year _____

Salary _____