

MALONE CENTRAL SCHOOL DISTRICT

P.O. BOX 847
MALONE, NEW YORK 12953

To Be Completed by School District Office

Resume _____

Transcripts/
Degree _____

Certification _____

Placement Folder _____

Application for Employment - Teacher

Name: _____

Date: _____

Address: _____

Soc. Sec. #: _____

Teacher Ret. #: _____

Phone No. (home): _____

Return Application By: _____

(work): _____

You will be contacted if an interview is deemed appropriate by the District.

Each applicant for a teaching position, in the Malone Central School District, will complete this form. If you are the successful candidate and accept a position with the Malone Central School District, the information given herein will become a part of your professional record. Therefore, be sure the information is accurate, complete, and legible. Please include the following as part of your complete application:

Current Resume
Copy of College Degree Documents
Copies of Teaching Certification Documents

Complete Transcript of all Undergraduate and Graduate Course Work
Letters of Recommendation (if available)
College Placement Folder (if available)

Position for which application is being made: _____

Are you presently employed? _____

If so, how much notification will your present employer require? _____

Certification:

AREA OF CERTIFICATION	CERTIFICATE NUMBER	EFFECTIVE or ANTICIPATED DATE*	TYPE OF CERTIFICATE (Prov., Permanent, etc.)	STATE

*If certification is pending please indicate, yes or no, if you have passed the following New York State Teacher Certification Examinations:

LAST _____ ATTS-W _____

Have you ever been granted tenure by a school district? _____

If yes, which school district? _____

Record of employment: Please complete the following with your most recent position listed first. Do not include part-time employment unless you consider it significant. Include any military service and discharge status. It is important that the application account for all substantial periods of time.

POSITION	EMPLOYER	INCLUSIVE DATES	PHONE NUMBER	SALARY

Academic Preparation: Please include all schooling (High School through College):

SCHOOL	ADDRESS	DATES ATTENDED	MAJOR	DEGREE

Student Teaching / Internship:

SCHOOL DISTRICT (include building)	GRADE/SUBJECT	COOPERATING TEACHER	DATES

Please describe any experiences significantly contributing to your qualifications for the position.
(Printed or handwritten, do not type response)

List and describe any school-related activities you are competent and willing to direct or coach (i.e. Student Council, Theater, Sports, Music, Clubs, Publications).

Please list below three professional references, preferably from immediate supervisors. Complete all information requested for each, including evening telephone number.

Name:	Name:	Name:
Position:	Position:	Position:
Business Address:	Business Address:	Business Address:
Daytime Phone #:	Daytime Phone #:	Daytime Phone #:
Evening Phone #:	Evening Phone #:	Evening Phone #:

Have you ever been convicted of a felony? yes _____ no _____

If yes please explain: _____

I, _____, give the Malone Central School District permission to
 (Print Name)

obtain access to my record in TEACH. The Malone Central School District agrees not to disclose to any unauthorized or third party any information obtained in the course of using the TEACH system.

 Applicant's Signature

Return this application to:

Jerry Griffin
Central Office Administrative Assistant
Malone Central School District
P.O. Box 847, Malone, NY 12953

The Malone Central School District hereby advises the general public that it offers employment and educational opportunities without regard to sex, race, color, national origin, religion or disability.