EMPLOYMENT APPLICATION

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PUSITIUN PREFERENCE		
○ Teaching ○ Substitute Teaching	 Administrative 	o Non-Teaching
Subject	Position	Position
DEDOGNAL INFODMATION		
PERSONAL INFORMATION		
NameLast	Firs	st Middle
Present Mailing Address		Phone
		Zip
Permanent Mailing Address		Phone
		Zip
Social Security Number	- Retiremer	nt No.
Are you a U.S. citizen? ○ Yes ○ No If r	no, have you filed a declaration of	intention to become a citizen? ○ Yes ○ No
Have you been fingerprinted pursuant Check for Prospective School Employed		he Commissioner of Education (Criminal/History Recor ○ Yes ○ No
Are you a dishonorably discharged vet	eran? ○ Yes ○ No	
Are you an exempt volunteer fireman?	∘ Yes ∘ No	
CERTIFICATION/LICENSE		
I hold the New York State Teaching/Adr	ministrative Certificate(s) describe	ed below. <i>Please provide copies</i> .
∘ Professional ∘ Initial	Area	Date Issued
○ Professional ○ Initial	7.0.00	
o i foressional o ilitial	Area	Date Issued
If you do not have a New York State Tea	iching Certificate, have you made	application for one? • Yes • No
Do you have an evaluation of your NYS	certificate status? • Yes • No (If y	yes, enclose a copy.)
Other licenses held; type and issuing a	uthority	

EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies	Degree
High School		
College (Undergraduate)*		
College (Graduate)*		
Vocational/Technical/Trade*		
provide copy of transcripts	'	

TEACHING OR ADMINISTRATIVE EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

TENURE STATUS			
Were you ever appointed	on tenure in a public school district in Ne	w York? ○ Yes ○ No I	f yes, complete the following.
Tenure Area		Effective Date	
Were you ever dismissed f	from the school district conferring tenure	pursuant to Education	Law section 3020a? ○ Yes ○ No
Name and address of scho	ool district where tenure was granted:		
	SCHOLASTIC ORGANIZATION e name or character of which indicates the	-	•
OTHER SKILLS AND For example: coaching, kr	DABILITIES nowledge of sign language		
	ng personal knowledge of your profession lephone number of your last supervisor w Position	ho may be contacted for	
Name	FOSICION	Add	ness & relephone No.
May we refer to your pres			
May we refer to your form			
Placement Folder will be s	sent from: (Name and Address)		

APPLICANT'S STATEMENT

Give any additional information which you think might be of value in considering you for a position.			
I certify that all statements made by me on this application are true statements made by me will be considered justification for disquali	e and complete. I understand that any false or misleading ification of my application or termination of employment.		
Applicant's Signature	Date		

Please return completed application to:

Cincinnatus Central School District Attn: District Office 2809 Cincinnatus Road Cincinnatus, NY 13040-9698 E-Mail ctemple@cc.cnyric.org Fax: (607) 863-4109

Equal Opportunity Employer