

SCIO CENTRAL SCHOOL

3968 WASHINGTON STREET • SCIO, New York 14880
585-593-5510 • FAX 585-593-0653

EMPLOYMENT APPLICATION FORM

Please indicate the type of position you are seeking: (check all that apply.)

Full-time ___ Substitute ___ Summer ___

TEACHER _____
TEACHING ASSISTANT _____
ADMINISTRATOR _____

Certification Area (s):

Substitute ___ Summer Help ___

CUSTODIAL/CLEANER _____
FOOD SERVICE HELPER _____
TEACHER AIDE/MONITOR _____
GOUNDSWORKER _____
BUS DRIVER _____
BUS ATTENDANT _____

(full time/part time positions in these require a different application and civil service application)

PERSONAL INFORMATION:

Full Name: Last First Middle Social Security #

Home Phone # Daytime Phone #

Home Address: Street City State Zip Code

Business Address: Street City State Zip Code

Permanent Address: Street City State Zip Code

E-Mail Address _____

Do you have a current driver's license? (circle)

If yes, what type of license? (circle)

Issuing State: _____

Yes No
Operator's Commercial
Class: _____

Have you ever been convicted of a felony? (circle)

If yes, please give details: _____

OFFICE USE ONLY: Date Interviewed _____ 20____ Position: _____

Interview by: _____ References Checked: _____

Recommendation: _____ Board Approved: _____ Fingerprinting Completed: _____

Emergency Conditional Clearance: _____

CERTIFICATION INFORMATION:

If position you are seeking requires certification, the following must accompany this application:

- *Placement file/transcripts*
- *Copy of valid teaching certificate/license*
- *Resume*

Have you been fingerprinted through the New York State Education Department? Yes _____ No _____
If yes, where? _____

Do you hold a valid N.Y. State Teaching Certificate/License? (circle) Yes _____ No _____

If yes, please indicate:

Area	Permanent	Provisional	Prov. Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any valid certificates currently held in other states:

Area _____	Issuing State: _____
Expiration Date: _____	Effective Date: _____

Did you ever acquire tenure in a New York State District? (circle) Yes _____ No _____
If yes, where? _____ When? _____
Tenure areas? _____

Have you successfully completed the NYSTCE? (circle) Yes _____ No _____

Have you taken the two-hour seminar on the identification of child abuse & neglect? (circle) Yes _____ No _____

EDUCATIONAL BACKGROUND:

High School/University/College:	Degree or Diploma	Field or Major:
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of Graduate School Credits: _____

WORK EXPERIENCE (list most recent positions first)
This Section must be completed in full – DO NOT INDICATE “SEE RESUME.”

Employer: _____ Telephone: _____
Address: _____
Dates of Employment (month/year) FROM: _____ TO: _____ Supervisor: _____
Position/Title: _____
Description of Duties: _____
Reason for Leaving: _____

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REFERENCES:

(List four non-relatives willing to recommend you and be qualified to give any information to show your fitness for the position you seek.) Do not refer to Resume.

Name Address Daytime Phone (home/business) Occupation

ADDITIONAL INFORMATION:

Salary Expected? \$ _____ Date Available? _____ 20_____

If a Member: ERS# _____ TRS# _____

Why do you feel you should be hired for this position?

How did you learn of this opening? Newspaper (classifieds) _____ Vacancy Notice _____

Teacher Recruitment _____ College Placement Office _____ Scio Employee _____

Other (describe) _____

I understand that Scio Central School will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability in providing this information.

May Scio Central School contact your current employer? (circle) Yes No

Applicant's Signature _____ Date _____

Scio Central School will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.