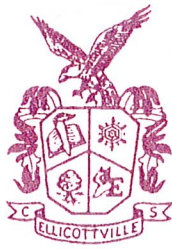


FOR
OFFICE USE
ONLY

Date _____

Classification: _____
Interview by: _____
Master's _____
SDA _____
Column/Step: _____
CSA _____
Rate of Pay: _____
of Graduate Hours _____
PHd/Ed.D _____

NAME: _____
Interview by: _____
Start Date: _____



Ellicottville Central School
5873 Route 219
Ellicottville, NY 14731
Phone: 716-699-2316
Fax: 699-5423

Employment Application Form

POSITION FOR WHICH YOU ARE APPLYING

TEACHER _____
SUBSTITUTE _____
Specialty Area(s): please indicate
Special Education _____
Itinerant _____

TEACHER ASSISTANT _____
TEACHER AIDE _____
CLERICAL _____
ADMINISTRATIVE _____
OTHER _____

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: _____

If hired, can you provide the documents required to prove that you are authorized to work in the U.S? Yes No

Do you have a drivers license? (circle) Yes No

If yes, what type of license? (circle) Operator's Commercial

Issuing State: _____ Class: _____

Do you have any physical, medical or mental condition which may limit your ability to perform the particular job for which you are applying? If yes, describe such condition and explain how you can adapt to perform the job for which you are applying. _____

Have you ever been convicted of a crime (circle)? Yes No

If yes, please give details: _____

Have you ever been denied tenure? Yes No

Have you ever been asked to discontinue employment? Yes No

EDUCATIONAL BACKGROUND

High School/University/College: _____

Degree or Diploma: _____

Field or Major: _____

of Graduate School Credits: _____

MILITARY

Branch of U.S. Service: _____ Highest Rank: _____

Date Entered: _____ Date Discharged: _____

Present Military Classification: _____

Primary Military Occupational Specialty: _____

CERTIFICATION INFORMATION:

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

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

Do you hold a valid N.Y. State Teaching Certificate/License? (circle)

Yes

No

If yes, please indicate:

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

List any valid certificates currently held in other states:

Area: _____ Issuing State: _____

Expiration 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 Core Battery NTEs/NYSTCE? (circle)

Yes

No

Have you taken the two-hour seminar on the identification of child abuse & neglect? (circle)

Yes

No

WORK EXPERIENCE (list the most recent positions first)

This section must be completed in full - do not indicate "see resume".

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

Employer:

Address:

Telephone:

Dates of Employment (month/year) FROM:

TO:

Supervisor:

Position/Title:

Description of Duties:

Reason for Leaving:

REFERENCES (list three non-relatives willing to recommend you):

Name

Address

Phone (home/business)

_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

ADDITIONAL INFORMATION:

Salary Expected? _____

Date Available? _____

If a member:

ERS# _____ TRS# _____

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

How did you learn of this opening?

Newspaper (classified) _____

Vacancy Notice _____

Teacher Recruitment _____

College Placement Office _____

BOCES Employee _____

Other (describe) _____

I understand that Ellicottville Central School District 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 therein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability for damage in providing this information.

Can the Ellicottville Central School District contact your current employer? (circle)

Yes

No

Applicant's Signature _____ Date _____

The Ellicottville Central School District 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.

All applications should be forwarded to the Superintendent's Office.