FOR OFFICE USE ONLY

# of Graduate Hours

PHd/Ed.D\_

SDA

Column/Step:\_

Rate of Pay:

Interview by:

Date

Classification: Interview by:\_\_\_\_



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

Fax: 699-5423

## Employment Application Form

TEACHER ASSISTANT \_\_\_\_\_
TEACHER AIDE

POSITION	FOR	WHICH	YOU	ARE	APPLYING	T

TEACHER

**SUBSTITUTE** 

Specialty Area(s): please indicate  Special Education  Itinerant			CLERICALADMINISTRATIVEOTHER				
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Full Name:	Last,	First,	Comment of an interest of the second of the	Middle	Soc	ial Security #	
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Home Address:	Str	reet	City		State	Zip Code	
Business Address	s: Str	reet	City		State	Zip Code	
Permanent Addre	ess: Str	eet	City		State	Zip Code	
E-Mail address:	THE AN ALL PLANS AND AND ALL PLANS AND ALL P		AMPLE TO THE BUILD AND A MAN WHAT WAS A STREET OF THE STRE			NACONALO SE A 15. CO SEE SON, A PROMININA MERINO PROPINCIPE EN ARCHONOMINA À LUC	
If hired, can you authorized to wor		iments required t	o prove that	you are	Yes	No	
Do you have a drivers license? (circle) If yes, what type of license? (circle) Issuing State:				Yes Operator's Class:	No Commercial		
	applying? If ye	es, describe such	condition an		ou can adapt to p	n the particular job perform the job for	
Have you ever be	en convicted of a				Yes	No	
		0				N	
Have you ever be	en denied tenure	<i>?</i>			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 Ran	ık:
Date Entered:	Date		
Present Military Classification:			
Primary Military Occupational Specialty:			
CERTIFICATION INFORMATION:			
	wing materials mu file/transcripts id teaching certific		ration:
Do you hold a valid N.Y. State Teaching Certificate/Licens	se? (circle)	Y	es 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)	Ye	es No
If yes, where?	W	'hen?	
Tenure areas?			
Have you successfully completed the Core Battery NTEs/N	VYSTCE? (circle)	Y	es No
Have you taken the two-hour seminar on the identification	of child abuse & r	neglect? (circle) Y	es No

## WORK EXPERIENCE (list the most recent positions first) This section <u>must</u> be completed in full - do not indicate "see resume".

Employer:			
Address:	Telephone:	The state of the s	
Dates of Employment (month/year) FROM:	TO:	Supervisor:	
Position/Title:			
Description of Duties:	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	AND	
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Position/Title:			
Description of Duties:			
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Address:	Telephone:		
Dates of Employment (month/year) FROM:	TO:	Supervisor:	OFFICERATE CONTROL OF THE STATE
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?	If a member:				
Date Available?	ERS#TRS#				
Why do you feel you should be hired for this p	sition?				
How did you learn of this opening?	ewspaper (classified) Vacancy Notice				
Teacher Recruitment	ollege Placement Office BOCES Employee				
Other (describe)					
THE REAL PROPERTY OF THE PROPE					
data given on this application, on related pap	istrict will thoroughly investigate my work and personal history and verify all s, and in interviews. I authorize all individuals, schools, and firms named below, to provide any information requested about me, and I release them from ation.				
Can the Ellicottville Central School District c	tact 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.