

GREATER JOHNSTOWN SCHOOL DISTRICT

Johnstown, New York 12095

CERTIFIED STAFF APPLICATION FOR EMPLOYMENT

The Greater Johnstown School District is an equal opportunity/affirmative action employer.

Please complete and MAIL application to:

SUZANNE M. HALL
Secretary to the Superintendent of Schools
Greater Johnstown School District
1 Sir Bills Circle, Suite 101
Johnstown, New York 12095

You must include the following with your application:

- Letter of Interest
- Resume
- Verification of NYS Certification
- Transcripts
- Letters of Reference (3), or contact information for references
- Any other information in support of your application

You may E-mail this application to shall@johnstownschoools.org AND mail other required documents to the address above.

NOTE: *If hired, you will be required by the New York State Department of Education to have fingerprinting performed at your own expense.*

List the position for which you wish to be considered:

You must complete a separate application for each position for which you are applying.

PERSONAL DATA

Last Name:	First Name:	Middle Initial:
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If known by any other name(s), list here:	Social Security Number:	Date of Birth: (Optional)
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Present Address:	Present Phone:
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Permanent Address:	Permanent Phone:
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Are you currently working?	Current Employer Name:
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Current Employer Address:	Employer Phone #: May we contact employer?
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Reason(s) for leaving current position:
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EDUCATION & PROFESSIONAL PREPARATION

This section must be completed – do not refer to resume.

Institute Name and Location	Date(s) Attended	Degree or Certificate	Major	Earned Credits	Date of Graduation
High School:					
College:					
University:					
Graduate Work:					
Other:					

CERTIFICATIONS – TEACHING AND ADMINISTRATIVE

List all teaching and administrative certificates which you have earned in education.

Title of Certification	Date of Issue	Expiration Date	Valid in State of:

EMPLOYMENT HISTORY

List all experience with the most recent first. Include student teaching, non-school and military service.
Section must be completed. Do not refer to resume.

Employer and Location	Dates of Employment	Title of Position and Duties Performed	Reason for Leaving

REFERENCES

List the names of four persons who are knowledgeable as to your educational or other experiences.
(At least two of these individuals must be direct supervisors.)

Name of Reference:	Title:
Address:	Phone:

Name of Reference:	Title:
Address:	Phone:

Name of Reference:	Title:
Address:	Phone:

Name of Reference:	Title:
Address:	Phone:

ADDITIONAL INFORMATION

Have you been granted tenure in any New York State public school?

If so, in what area?

In what school district?

Effective date of tenure:

List any extra-curricular/athletics activities you would like to supervise within the District:

ANSWER "YES" OR "NO" TO THE FOLLOWING

If you answer "yes" to any question, please attach a full explanation for your answer.

1. Have you ever been denied tenure, dismissed, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? YES NO
2. Are you are a veteran of the U.S. military service? YES NO
If yes, did you ever receive a discharge which was other than Honorable? YES NO
3. Have you ever been convicted of any crime (felony or misdemeanor) other than minor traffic violations? (If yes, submit a copy of the court record including disposition of the case.) YES NO
4. Have you ever had a teaching credential issued in New York State or any other jurisdiction revoked, suspended, annulled or otherwise invalidated? YES NO
5. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdiction? YES NO
6. Have you ever been the subject of a report filed with the New York State Education Department pursuant to Part 83 of the Commissioner's Regulations (determination of Good Moral Character)? YES NO
7. Are you a United States citizen? * YES NO

** Section 3001(3) of the Education Law requires that all teachers employed in the public schools of the state be citizens of the United States unless they qualify for certain specified exemptions. The determination of exemptions for certification will be made by the Division of Teacher Education Department.*

APPLICANT'S STATEMENT

Please give a brief statement covering any additional matters which will help in assessing your suitability for a position, including: (1) your goals in teaching; and (2) special experience, training or interest not mentioned elsewhere.

APPLICANT'S SIGNATURE

By signing this form, I consent to the release of information to the New York State Education Department for the purpose of ascertaining my moral character pursuant to 8 NYCRR 83 of the Commissioner's Regulations.

I declare and affirm, under the penalty of perjury, that all the statements made in the foregoing application, including accompanying statements, are true, complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Appointment Information: Recommended on Step _____ Salary _____
Degrees held: BA _____ + # of Credits _____
MA _____ + # of Credits _____
EdD _____ PhD _____