HOLLAND PATENT CENTRAL SCHOOL DISTRICT

Date _____

INSTRUCTIONAL EMPLOYMENT APPLICATION

				PO	SITION	REFI	ERENC	E		
	Teaching		Administration			Substitute Teaching				
	Subj	ect			Position					
				PERS	SONAL I	[NFO]	RMATI	[ON		
Name										
		Last				First				Middle
Present Mailing Address (include Zip Code)							_ Tel	(include	Area Code)	
D		.1 1								,
Perma	nent Ma (incl	ude Zip C						1el	(include	Area Code)
Social Security No.										
Yes Yes	No No	If yo	u are an ali	ien with a lega	ployment in th l right to work l States Citizen	in the Un		nd are app	plying for a t	eaching position, do
Yes	No	N/A	If yes,	were the charg onorable disch		•	par to employ	yment; oth	er factors w	ill affect a final hiring
Yes	No	Are y	ou an exer	npt volunteer f	ireman? (Civi	l Service	Law Section	75)		
CERTIFICATION/LICENSE										
I hold	the Nev			-	ative Certificate	e(s) descr		Area		Date Issued
	nent 🗆		sional □	Professional		□ <u>-</u>				
	nent 🗆		sional □	Professional		□ <u>-</u>				
-	If you do not have a New York State Teaching Certificate, have you made application for one? Yes \Box No \Box									
Do you	u have a	an evaluat	ion of you	r NYS certifica	ate status? Yes	s 🗆 No	□ (If yes, enc	close a cop	oy)	

EDUCATIONAL PREPARATION

Name and Location of High School	Nature of Studies	Did You Graduate?

Name and Location of School	Nature of Studies	Degree
College (Undergraduate)*		
College (Graduate)*		
Vocational/Technical/Trade*		

* Provide copy of transcripts

TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

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

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.)

OTHER SKILLS AND ABILITIES

(e.g. Coaching, ability to use sign language)

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

ADDENDUM QUESTIONNAIRE

- Yes No Have you ever been convicted of a crime? If yes, please explain:
- Yes No Were you ever convicted of any violation of law (other than a minor traffic violation, youthful offender adjudication or conviction that has been set aside or sealed) in any court or by any administrative officer or agency, or is any such case currently pending against you? (Felony/Misdemeanor only)
- Yes No Have you ever forfeited bail or bond following your appearance as a defendant in a criminal action?
- Yes No Have you ever been disqualified for employment for any civil service position?
- Yes No Have you ever received an unsatisfactory evaluation with any pedagogical employment?
- Yes No Have you ever been discharged or required to resign from any position (other than staff reduction layoffs)?
- Yes No Have you ever resigned as an alternate to facing charges or dismissal?
- Yes No Have you ever had a license or certificate denied or terminated because of unsatisfactory work, fingerprints or medical record?
- Yes No Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency as a result of your record?
- Yes No Has family court or any other court ever rendered a finding indicating that you have abused or neglected a child?

If yes, Convictions: Charge: Court:

Year:

Conviction:

Yes No Do you have any objection to this District making inquiry regarding your performance, character and qualifications from: Your former employer? Yes No

Your present employer? Yes No

If you answered "Yes" to any of these questions, you must give specifics on a separate sheet that must be attached to this application. If you elect not to provide specifics, or if your explanation is insufficient, you may be required to submit further information.

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 and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize any participating school district for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize any school district to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district. I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission o this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

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Applicant's Signature

X_____Date

The Holland Patent Central School District does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, familial status, veteran status, gender identity or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the respective school district. If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

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Applicant's Signature

Date

I hereby declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true, accurate and complete. Any false statements and/or failure to list all prior positions may result in denial or termination of employment at any time, and may also be subject to criminal prosecution. I authorize the District to make any investigation of my qualifications, educational background, certification status, personal, criminal or employment history and I authorize any former employer, person, firm, corporation, credit agency, or government agency to give the District any information they may have regarding me. In consideration of the District's review of this job application, I release the District and all providers of information from any liability as a result of furnishing and receiving this information. Applicants may also be required to undergo a state and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

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Applicant's Signature

Date

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Please return completed application to: Dr. Cheryl Venettozzi Superintendent of Schools Holland Patent Central School District 9601 Main Street Holland Patent, NY 13354 Telephone (315) 865-7221 FAX (315) 865-4057

EQUAL OPPORTUNITY EMPLOYER