

ROSCOE CENTRAL SCHOOL DISTRICT
6 ACADEMY STREET
ROSCOE, NEW YORK 12776
(607) 498-4126 FAX (607) 498-5609

____ Teacher
____ Instructional Support Staff
____ Non-Instructional (Clerical, Service Personnel,
Aides, Cafeteria Employees, etc.)

The Roscoe Central School District does not discriminate in its educational programs, activities or employment practices based on race, color, creed, national origin, sex, sexual orientation, disability, age, religion, ancestry, marital status, veteran status or any other legally protected classification. This policy is in accordance with state and federal laws including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990. Information relative to special accommodation, grievance procedure and the designated responsible officials for compliance with Title VI, Title VII, Title IX and Section 504 may be obtained by contacting the School District.

APPLICATION FOR EMPLOYMENT

1. PERSONAL DATA

PLEASE PRINT OR TYPE

Applicant's Name (last, first, middle) _____ Date _____

Social Security Number¹ _____ TRS/ERS Number _____

Mailing Address:

(Street) (City) (State) (Zip)

Permanent Address (if different):

(Street) (City) (State) (Zip)

Telephone Numbers: Home () _____ Work () _____ Cell () _____

E-mail Address: _____

Indicate position(s) for which you are applying:

_____ Full Time _____ Part Time _____ Both

List grade level(s) and/or subject area(s) in order of preference (if applicable)

• If employed, can you provide proof of U.S. citizenship? ___ Yes ___ No

If not, are you eligible to work in the U.S.? ___ Yes ___ No

¹ Federal Privacy Act (5 USC §552A NOTE) Statement: Authority for requesting social security numbers: Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide Social Security Number will result in an applicant not being considered for employment.

If Yes, please provide documentation that you are legally eligible to work in the U.S.

- Are you 18 years of age or over? Yes No
- Date available for employment _____
- Referred by (if applicable) _____
- If presently employed, why do you wish to leave your present position?

- May we contact your current employer? Yes No
- Have you ever been convicted of or pled guilty to a crime (felony or misdemeanor): Yes No

If Yes, please explain including the date of conviction, state, city, court, crime (felony or misdemeanor) and disposition - attach additional sheet if necessary _____

- Have you ever been subject to discipline, including discharge from employment? Yes No
- Have you ever been requested to resign from a position? Yes No

If Yes to either or both of the above, please explain including school district or other employer, charges, disposition and date - attach additional sheet if necessary. _____

- Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No
- Please note any extra- or co-curricular activities in which you may be interested and qualified, including coaching sports, drama, etc. _____
- Are you certified to coach any sports? Yes No

Which ones? _____

- Are you collecting retirement compensation from a public employer? Yes No
If Yes, from which employer _____
- Have you ever applied for a position in the Roscoe Central School District before? Yes No
If Yes, what position did you apply for, and when? _____

2. EMPLOYMENT/EDUCATION DATA

**THE FOLLOWING QUESTIONS ARE FOR TEACHING/INSTRUCTIONAL (Substitutes) POSITIONS ONLY:
(All other applicants go to page 4)**

- Have proceedings ever been initiated against you pursuant to NYS Education Law §3020-a? Yes No
If Yes, please explain including school district, charges, disposition and date - attach additional sheet if necessary.

- Have you ever been granted tenure in New York State? Yes No
If Yes, provide the name of the school district(s), tenure area(s) and date(s) _____

- Have you ever been denied tenure? Yes No

If Yes, please explain - attach additional sheet if necessary _____

- Have you ever had a teaching (or similar) credential revoked, suspended or annulled? Yes No

If Yes, please explain - attach additional sheet if necessary _____

- **STUDENT TEACHING EXPERIENCE** (if applicable) (list chronologically including any internships)

Name of School District, School and Supervising Teacher	School District City/County	State	Grade Level and/or Subject

- **TEACHING EXPERIENCE** (list chronologically all teaching experience - include substitute experience)

Name of School/ School District	State City/County	Grades and/or Subjects Taught	Position Held (Specify)	Dates Mo/Day/Yr (From ... To)	Total Years	Full Time	Part Time

- **CERTIFICATION INFORMATION:**

- Do you presently hold a valid NYS certificate for the position for which you are applying? Yes No

If Yes, please provide the following information (Please copy information directly from the Certificate, and attach a copy)

TYPE	DATE ISSUED/EXPIRES	CERTIFICATION NUMBER/AREA
Initial	_____/____/____	_____
Professional	_____/____/____	_____
Provisional	_____/____/____	_____
Permanent	_____/____/____	_____

List any other certificates that you hold: _____

If No, do not have a New York State Teaching Certificate, have you made application for one? Yes No

THE FOLLOWING QUESTIONS ARE FOR ALL POSITIONS :

• **EDUCATION RECORD/TRAINING** (list chronologically)

Level of Education	Name of School or College & Address	State	Dates Attended Field of Study/Major (if applicable)	Type of Degree or Diploma Date Received	Graduation Yes/No
High School					
College or University					
Advanced Degree(s)					

NOTE: Please attach a copy of your transcript with this application. The original of the transcript may be required later.

• Please indicate any relevant **Professional and Scholastic Organizations, Memberships and Honors**

• What business or office machines are you capable of operating? _____

• Describe your experience with computers, including word processing, knowledge of software (e.g., EXCEL, Power Point etc.)

• **WORK EXPERIENCE OTHER THAN TEACHING** (list chronologically and attach a sheet if necessary)

Employer	City/County	State	Kind of Work	Dates of Employment

• **MILITARY EXPERIENCE**

Branch of Service	Discharge Date and Type of Discharge

• Did you ever receive a dishonorable discharge from the U.S. Armed Forces? ___ Yes ___ No

• If so, please explain including the branch of the Armed Forces, date and reason for discharge

• **FINGERPRINTING INFORMATION**

_____ I have never been fingerprinted. I understand that, upon hire, I must immediately be fingerprinted. I will contact the Roscoe Central School District to make arrangements to be fingerprinted.

OR

_____ I have been previously fingerprinted (after July 1, 2001) and received clearance from the NYS Education Department. I understand that I must contact the Roscoe Central School District to authorize fingerprint clearance for employment at this School District.

• **REFERENCES:**

List three professional references that are familiar with your quality of work, have worked with you directly, and have known you for at least two years. In addition, list one personal reference that can speak to your character and has known you for at least two years.

Name	Title	Telephone Number(s)	Organization	Relationship

• **FOR APPLICANTS FOR BUILDINGS AND GROUNDS JOBS ONLY:**

- What tools or machines have you operated? _____

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my application; (2) withdrawing of any offer of employment; or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to any questions that officials of the Roscoe Central School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this School District. I further authorize these officials to investigate my background to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. I do not, however, authorize production of medical records or other information which would tend to actually identify a disability; nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information.

Signature of Candidate (in ink)

Date