

**TOWN OF WEBB UFSD
CERTIFIED EMPLOYMENT APPLICATION**

Mail To: District Office
Town of Webb UFSD
PO Box 38
Old Forge NY 13420
Phone: 315-369-3222
Fax: 315-369-6216

DATE: _____

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the Town of Webb UFSD.

POSITION APPLYING FOR: _____

TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time _____ Substitute

DATE AVAILABLE FOR WORK: _____

HOW DID YOU LEARN OF THE VACANCY: _____

PERSONAL INFORMATION

NAME: _____

SOC. SEC # (OPTIONAL)* _____ - _____ - _____

*For payroll purposes and to verify certification records.

FORMER NAME(S): _____

For purposes of verifying education records.

MAILING ADDRESS: _____

HOME PHONE: () _____

CELL PHONE: () _____

E-MAIL: _____

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? _____ Yes _____ No

If yes, what system? _____

What is your number? _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the New York State Teaching/Administrative Certificate(s) described below:*

	Area	Date Issued
Permanent _____ Provisional _____ Certificate of Qualification _____	_____	_____

Permanent _____ Provisional _____ Certificate of Qualification _____	_____	_____
--	-------	-------

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

If yes, where and with whom: _____

If certified in another state, please describe: _____

Other licenses held; type and issuing authority: _____ Exp. Date _____

*Applicant must provide the original NYS certificate, CQ or licenses at time of hire.

EDUCATIONAL PREPARATION

Name and location of School Major/Minor Did you graduate?
High School: _____

Names and location(s) of School Dates Attended Sem Hrs. Major/Minor Degree Date Granted
College (Undergraduate): _____

College (Graduate): _____

Vocational/Technical/Trade: _____

It is the applicant's responsibility to have official college transcripts and placement folders forwarded to TOWUFSD.

STUDENT TEACHING

Dates	Names and Location of Schools	Subject or Grade Level	Cooperating Master Teacher
_____	_____	_____	_____
_____	_____	_____	_____

TENURE STATUS

Applicants must complete and sign this statement to assure compliance with the provisions of Section 3012, Subdivision 1, of New York Education Law.

Were you ever appointed to tenure in a public school district in New York State? _____ Yes _____ No

If yes, complete: Tenure Area _____ Date Tenure Granted _____

Name and address of school district/BOCES where tenure was granted: _____

Signature: _____ Date: _____

TEACHING, ADMINISTRATIVE OR WORK EXPERIENCE

Begin with the most recent. Include any substitute teaching and indicate as such.

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

(Continued on next page)

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____

(please provide copy of DD-214) Dates of Service: From _____ To _____

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? _____ Yes _____ No If you answered "Yes", please provide specific details (attach a separate sheet of paper if necessary):

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least (3) references that are not included in your placement folder. Preferences should be given to former school principals and superintendents for whom you have taught, or professionals with whom you have worked.

Name	Position/Institution	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION: _____ Yes _____ No

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE YOU CURRENTLY UNDER CHARGES FOR A NY CRIME (crime includes any misdemeanor or felony, including DWI)? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) _____ Yes _____ No

If yes, please explain: _____

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to any of these questions, you will not necessarily be disqualified as an applicant for employment) _____ Yes _____ No

If you answered yes to the above question, please state in detail the action that was taken against you: _____

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) _____ Yes _____ No

If yes, please explain: _____

SPECIAL COMMENTS

On a separate sheet of paper, please not any special comments you feel are appropriate that may merit consideration in support of your application. If you desire, you may attach supportive documentation in the form of awards, testimonials, etc. Please do not provide any personal information except that which is specifically requested on the employment application.

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I _____, hereby authorize the Town of Webb UFSD to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize the Town of Webb UFSD to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the Town of Webb UFSD.

Signature

Date _____

Print Name

Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

APPLICANT’S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that the Town of Webb UFSD 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 employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by Town of Webb UFSD, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the Town of Webb UFSD. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the Town of Webb UFSD, I agree to conform to the rules and regulations of the Town of Webb UFSD as set forth in the Town of Webb UFSD handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Town of Webb UFSD at any time at the Town of Webb UFSD sole discretion without prior notice to me.

I certify that I am available immediately for employment, or as otherwise indicated, and that by accepting employment with the Town of Webb UFSD, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (200 NY Laws, Chapter 180), I understand that I will be discharged by the Town of Webb UFSD, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: _____

Date: _____

Print Name: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER