

Application

POSITION PREFERENCE

Teaching

Administrative

Teaching Assistant

Subject

Position

Position

PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address _____ Home Phone _____
(include Area Code)

Cell Phone _____

Email Address _____

Social Security No. _____ TRS Retirement No. _____

Have you been fingerprinted since July 1, 2001 for a school district, BOCES or teacher certification in New York State? Yes No

Have you ever been convicted of a crime? Yes No If yes, explain: _____

CERTIFICATION/LICENSE

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

Certification Area (s)	Date Issued
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Initial Professional _____

Permanent Provisional _____

Other (such as T.A. or out of state) _____

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

Do you have an evaluation of your NYS certificate status? Yes No If yes, enclose a copy.

Other licenses held; type and issuing authority: _____

EDUCATIONAL PREPARATION

Name and Location of School	Course of Studies	Did you Graduate?
High School		

Name and Location of School	Course of Studies	Degree	Completed? (Yes/No)
College (Undergraduate)*			

College (Graduate)*			

Vocational/Technical/Trade*			

****provide copy of official transcripts***

TEACHING OR ADMINISTRATIVE EXPERIENCE

List all teaching and administrative experience with the most recent experience first. Include any substitute or part time teaching or administrative experience and indicate as such.

Employer's Name & Address	Specific Nature of Position	Reason for Leaving

TENURE STATUS

Were you ever granted tenure in a public school or Board of Cooperative Educational Services in New York? Yes No
If yes, complete below:

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district or Board of Cooperative Educational Services pursuant to Education Law section 3020-a? Yes No

Name and address of school district or Board of Cooperative Educational Services where tenure was granted:

PROFESSIONAL ORGANIZATIONS, HONORS, SKILLS AND ABILITIES

REFERENCES

List five 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 may be contacted for a personal or professional reference.

Name	Position	Address & Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY — SIGN AND DATE BELOW

I understand that the South Colonie Central School District will be making an extensive inquiry regarding my background and experience and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the School District and will not be released to me unless required by federal or state statutes or regulations.

I certify that all answers given are true and complete. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from the position. I understand, also, that I am required to abide by all rules and regulations of the employer — The South Colonie Central School District.

Date _____ Signature _____

Your placement folder may be sent to:

The Human Resource Office — South Colonie Central School District
102 Loralee Drive
Albany, NY 12205

Committee Chair: _____ Date _____ / _____ / _____

_____ Probationary _____ Temporary/Part-time () _____ Long term replacement

Replacing _____ Effective appointment date _____

Teaching area _____ Grade level _____

References—List names of references contacted and by whom they were contacted.

1. _____

2. _____

3. _____

Offered Teacher Retirement _____ Yes _____ No

Teaching certificate _____ Copy attached

I-9 _____ Copy attached

W-4 _____ Copy attached

Date _____ / _____ / _____ Signature _____

Salary Placement Schedule _____ **Step** _____

Teaching Assistant Salary _____ **Stipend:** AA BA MA

Probationary appointment term _____

Temp or part-time appointment term _____

Base salary _____

_____ **Graduate hours** _____

Special Ed/Speech Service _____

Military Service Credit _____

Reading Service Credit _____

TOTAL SALARY \$ _____

The South Colonie Central School District does not discriminate on the basis of sex, race, color, religion, national origin, handicap or age. Inquiries concerning this policy of equal opportunity should be made to the Title IX and Section 504 Coordinator, Dr. David Perry, at 102 Loralee Drive, Albany, New York, 12205, (518) 869-3576.

SOUTH COLONIE CENTRAL SCHOOL DISTRICT

TEACHER APPLICATION

Please submit, with your application, **hand-written** answers to the following questions. The responses to these questions will be considered in the selection of candidates to be interviewed. Please limit your responses to the space provided.

1. How do you help students experience success?

2. How would you challenge all ability levels within the same class?

3. What quality or qualities do you have that would enhance our school district?

4. What do you feel is the most effective way to communicate with parents? Describe how you have used this/these technique(s)?

Signature _____ Date _____

Certification Area _____