



The Knox Building, 400 South Perry Street, 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

The Knox Building, 400 South Perry Street

Johnstown, New York 12095

OR e-mail it to shall@johnstownschoools.org

Please include the following with your application:

- Letter of Interest
- Resume
- Verification of NYS Certification
- Transcripts (unofficial accepted until hired)
- (3) Letters of Reference, or contact information for references

NOTE: *If hired, you will be required by the NYS Education Department to have fingerprinting done at your own expense.*

PERSONAL DATA

Full Name: _____ Telephone Number(s): _____

Maiden or Other Name Used in the Past (if any): _____ TEACH ID (7-digit number): _____

Current Address: _____

Social Security Number (last 4 digits): _____ Date of Birth (optional): _____

Home E-mail Address: _____

List the position(s) for which you are applying: _____

List any extracurricular and/or athletic activities that you would like to supervise or coach within the District:

EDUCATION AND PROFESSIONAL PREPARATION

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

CERTIFICATION(S) (List all teaching and administrative certificates, including effective date and issuing state) _____

MENTORING: Have you had mentoring while at another district? ____ District Name & Date: _____

PRIOR TENURE: Were you previously granted tenure? ____ If yes, please provide district name, tenure area and tenure date: _____

EMPLOYMENT HISTORY

List all experience with the **most recent first**. Include student teaching, non-school and military service.

Employer Name	Employer Address	Telephone Number(s)	Reason(s) for Leaving	May we contact?

EXPERIENCE (Number of Years as): **Teacher** ____ **Administrator** ____ **Service Provider** ____ **Teaching Assistant** ____

REFERENCES

List three persons knowledgeable of your educational or other experiences; one of which must have been a direct supervisor.

Name of Reference	Title & Organization Name	Address	Telephone Number(s)

ANSWER "YES" OR "NO" TO THE FOLLOWING:

If you answer "yes" to any of questions 1-6, please include 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? _____
2. Are you a veteran of the U.S. military service? _____
If yes, did you ever receive a discharge other than Honorable? _____
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.) _____
4. Have you ever had a teaching credential issued in New York State or any other jurisdiction revoked, suspended, annulled or otherwise invalidated? _____
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? _____
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)? _____
7. Are you a United States citizen?* _____

** 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

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FOR OFFICE USE ONLY

Appointment Information: Recommended on Step _____ Salary _____

Degrees held: BA _____ + # of Credits _____
MA _____ + # of Credits _____
EdD _____ PhD _____