



Maine-Endwell Central School District
ADMINISTRATIVE OFFICE
712 Farm to Market Road
Endwell, New York 13760-1199
(607) 754-1400 Fax (607) 754-1650

Dear Applicant:

Thank you for expressing an interest in full-time and/or substitute work for the Maine-Endwell Central School District. Please note that you must possess or be eligible for New York State certification in the area you are applying for in order to be considered for full-time employment. In order for your application to be complete for full-time and/or substitute employment we must receive:

1. A completed application form. Please fill in all applicable parts of the form; do not indicate reference to your resume or other document submitted with your application.
2. Proof of New York State certification, if you are certified.
3. A bachelor's degree is required. A student copy of your transcripts from all colleges or universities from which you have received a degree is required. The degree you received and the date you received the degree must be posted on the transcripts. If you are permanently hired by the District, you will be required to submit an original copy of your transcripts with college seal.
4. Your college placement folder which should include a minimum of three letters of reference. If you do not maintain a file with a college placement office, you should submit at least three reference letters from individuals who are familiar with your professional abilities. At least one reference must be from a person who had supervisory responsibility for you at your most recent place of employment (or student teaching assignment).

All of the above items must be received in order to complete your application packet and be considered for permanent or substitute employment.

Please address your cover letter to Joseph F. Stoner, Superintendent of Schools, Attn: Personnel Office. Your application will be considered active for one year. Please call the personnel office (754-1400 ext. 2313) if you have any questions about the application process.

MAINE-ENDWELL CENTRAL SCHOOL DISTRICT

712 FARM TO MARKET ROAD
ENDWELL, NEW YORK 13760
PHONE (607) 754-1400

PROFESSIONAL APPLICATION

Date available for employment: _____

POSITION PREFERENCE:

| | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> K Special Area: _____ | Elementary <input type="checkbox"/> 1-3 or <input type="checkbox"/> 4-6 | <input type="checkbox"/> MS Subject Area: _____ | Secondary <input type="checkbox"/> HS or Special Area: _____ | <input type="checkbox"/> e.g. Guidance, Psychologist, School Social Worker Specify: _____ |
| Substitute <input type="checkbox"/> | | | | |

PERSONAL INFORMATION:

Name: _____

Social Security No.: _____ Phone: _____ Cell: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

CERTIFICATION (IF PENDING, SO INDICATE):

NAME CERTIFICATE ISSUED TO: _____

| State | Date Issued | Date Expires | Subject Area | Type of Certificate | Certificate Number |
|-------|-------------|--------------|--------------|---------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever had certification denied, revoked or suspended? Yes No

If yes, explain: _____

EDUCATION PREPARATION:

| <i>Name and Location of Institution</i> | <i>Nature of Studies</i> | <i>Diploma or Degree</i> | <i>Date Granted</i> |
|---|--------------------------|--------------------------|---------------------|
| High School | Major | | |
| | Minor | | |
| Undergraduate | Major | | |
| | Minor | | |
| Undergraduate | Major | | |
| | Minor | | |
| Graduate | Major | | |
| | Minor | | |

Graduate Hours Beyond Highest Degree: _____

Scholastic Honors: _____
(College and High School)

Scholastic average of all college work: A A- B B- C C-

Scholastic average in major field: A A- B B- C C-

RETIREMENT:

Are you a member of the New York State Teachers' Retirement System:

Yes No

If yes, please list your retirement number: _____

IF YOU ARE RETIRED FROM ONE OF THE FOLLOWING, PLEASE INDICATE BY CHECKING THE BOX FOR THE APPROPRIATE RETIREMENT SYSTEM:

- New York State Teachers' Retirement System (TRS)
- New York State Employees' Retirement System (ERS)
- New York State Police and Fire Retirement System
- New York City Teachers' Retirement System
- New York City Employees' Retirement System
- New York City Police Pension Fund
- New York City Fire Department Pension
- New York City Board of Education

STUDENT TEACHING:

| Name and Location of School | Subject or Grade Level | From | | To | |
|-----------------------------|------------------------|------|-----|-----|-----|
| | | Mo. | Yr. | Mo. | Yr. |
| | | | | | |
| | | | | | |
| | | | | | |

EDUCATIONAL EXPERIENCES:

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

| School Name & Address | From | | To | | Title & Duties of Position |
|-----------------------|--------------|-----|-----|-----|----------------------------|
| | Mo. | Yr. | Mo. | Yr. | |
| | | | | | |
| | Total Years: | | | | |
| | Salary: | | | | |
| Supervisor's Name: | | | | | |
| Title: | | | | | |
| Telephone: | | | | | |
| Reason for leaving: | | | | | |

| School Name & Address | From | | To | | Title & Duties of Position |
|-----------------------|--------------|-----|-----|-----|----------------------------|
| | Mo. | Yr. | Mo. | Yr. | |
| | | | | | |
| | Total Years: | | | | |
| | Salary: | | | | |
| Supervisor's Name: | | | | | |
| Title: | | | | | |
| Telephone: | | | | | |
| Reason for leaving: | | | | | |

| School Name & Address | From | | To | | Title & Duties of Position |
|-----------------------|--------------|-----|-----|-----|----------------------------|
| | Mo. | Yr. | Mo. | Yr. | |
| | | | | | |
| | Total Years: | | | | |
| | Salary: | | | | |
| Supervisor's Name: | | | | | |
| Title: | | | | | |
| Telephone: | | | | | |
| Reason for leaving: | | | | | |

RELATED PROFESSIONAL EXPERIENCE:

Professional (educational travel, lectures, addresses, publications, professional memberships, participation in educational experiments, innovations, special programs, community service)

Total Years of Full-Time Experience in Last Ten Years: _____

OTHER WORK EXPERIENCE (Business, Summer Occupations):

| Dates | Firm (Give Address) | Nature of Work |
|-------|---------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

OTHER INFORMATION:

What has prompted your decision to make application to this School District? _____

Why do you wish to leave your present position? _____

REFERENCES (Give names of four persons who have observed your work as a teacher or as a student.):

| Name | Official Position | Present Address | Telephone |
|------|-------------------|-----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Yes No

1. Have you been granted tenure in a NYS public school? If yes, School District: _____ Date: _____
2. Have you ever been denied an appointment to tenure? If yes, School District: _____ Date: _____
3. Were your services as a teacher ever terminated because of unsatisfactory or unprofessional activity?
If yes, please explain: _____
4. Have you ever been convicted of a crime? If yes, please describe fully the criminal conviction, listing the nature of the offense. A conviction record will not necessarily be a bar to employment.

5. Are you qualified and willing to coach an athletic team or advise an extra-curricular activity? Please specify:

6. Are there any employers you do not want us to contact? If yes, indicate any employers you do not wish us to contact: _____
7. Have you filed an application with our District within the last twelve months? (Applications are kept on file for one year.)

Add by letter any supplementary professional or personal information which you think will assist us in the evaluation of your qualifications. Interviews will be arranged by appointment.

The facts set forth on this application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I do hereby authorize the Maine-Endwell Central School District's Director of Personnel or his/her designee to contact my former employers. The purpose of this release is to permit the Maine-Endwell Central School District's Personnel Office to obtain information on my work history, work record, as well as information about the performance of duty while at those employers referenced within. I also authorize the Maine-Endwell Central School District to utilize the information obtained as a part of my application for employment.

Signature: _____ Date: _____

Please print any other surnames (last names) by which you are or have been known.

The Maine-Endwell Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex or handicap in violation of Title VI of the Civil Rights Act of 1964 of Title IX of the Education Amendment of 1972 or Section 504 of the Rehabilitation Act of 1973.