

SHERMAN CENTRAL SCHOOL DISTRICT

P.O. Box 950 127 PARK STREET

SHERMAN, NEW YORK 14781

(716) 761-6121

APPLICATION FOR EMPLOYMENT

Position desired: _____

PERSONAL INFORMATION

Name				
	Last	First	М.І.	
Address				
	No. & Street	City	State	Zip
Alternate Address				
	No. & Street	City	State	Zip
Telephone Numbers				
	Permanent	Alternate	Work	Cellular
			YES	NO
Have you ever been convicte	o of a crime?			
If yes, have you been issued	a certificate of relief f	rom disability?		
Are any criminal charges or p above, please explain on a s		against you? (If yes to either or both		
Are you legally authorized to	work in the United St	ates?		
Have you ever been in the U	S armed forces?			
	arge is not an absolut	If yes, please explain on a separate e bar to employment. Other factors		
CERTIFICATION				
I hold NYS Teaching/Adminis AREA	stration Certificates ar	nd/or Professional Licenses:	EXPIRATION DATE	PERMANENT
If you do not have NYS Certi If certified in another state ple	-	de application for one?		— [] [] [] — [] [] [] YES NO

ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES

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Sherman Central School District does not discriminate on the basis of age, race, creed, color, national origin, sex, disability, marital status, or handicapping condition. EQUAL OPPORTUNITY EMPLOYER

NOTE: SUBMISSION OF A RESUME DOES NOT ELIMINATE YOUR RESPONSIBILITY FOR COMPLETING ALL SECTIONS OF THE OFFICAL APPLICATION

EDUCATION PREPARATION

Name and Address		Major/Minor/Concentration	Dipl	oma
High School				
Undergraduate School			GPA	Degree Awarded
Graduate School				
Special Training or Inservice Education:	•			•

ACTIVITIES

	Sports	
High School	College	Paid Positions
	Clubs/Activities	
High School	College	Paid Positions

List Hobbies, Travel, and Community Involvement

STUDENT TEACHING/INTERNSHIP

Name and Address of Schools	Supervising Teachers	From	То	Subject	Grade

EMPLOYMENT HISTORY

Educational Experience (List chronologically all experience. Do not include day-to-day substitute teaching.)

Name and Address of School District	Grade and/or Other Subjects	Dates Mo./Yr.	Total Years	FullTime ✓	PartTime ✓	Were You Certified to Teach?

Work Experience Other Than Above

Employer and Address of Employer	Kind of Work	Dates of Employment

Indicate any Employers you do not wish us to contact:

Have you ever been released or asked to resign from Employment?	
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□ Yes □ No If yes, please explain on a separate sheet.

Did you ever receive tenure in a public school district in NYS?

	Yes		No	If yes, indicate tenure area:.
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Effective Date

If previously granted tenure, provide name and address of school district where granted:

REFERENCES

Give the names of five references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals, and other supervisors are preferred.

Name					
Title					
Address					
Phone	()	()	()	()	()

PERSONAL STATEMENT

Use this space to include information that you believe would enhance your candidacy.

ty Number	
 mbor of the NVC Detirement?	Number
mber of the NYS Retirement?	Number

Note: Failure to submit Social Security Number on this form will not prohibit employment consideration. Social Security Number may be required on other forms prior to employment.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or false statement on this application and any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the district.

Signature of Applicant

Date