

Niskayuna Central School District

1239 Van Antwerp Road, Niskayuna, NY 12309 (518) 377-4666 I (518) 377-4074 fax I <u>HumanResources@niskyschools.org</u> Instructional/ Professional Application (10/17)

An Equal Opportunity/Affirmative Action Employer

Position Desired								
1	Teacher Administrator			Other (Specify):	ecify):			
Are you intere	sted in l	being a substitute if no po	osition is available?	Yes	No			
			Personal	Information				
Name:				Former name(s	:):			
Address Line 1:				Cell Phone:				
Address Line 2:				Other Phone:				
City, State, Zip:				Email address:				
Are you a U.S.	Citizen?	Yes No	o If No, are you l	legally eligible to wo	rk in the U.S.?	Yes No		
			Edu	cation				
		School/Location		Major/Minor	Dates Attended	Degree		
High School:					to			
College/Other:					to			
College/Other:	:				to			
College/Other:	:				to			
	Describe any scholastic honors, service awards or special training or skills you have:							
Do you speak a	any lang	uages other than English	? Yes	No				
If yes, list langu degree of fluer		ıd						
			Certifi	cation(s)				
	Subject	t Area	Ty	ype	Effec	Effective Date		
			Student	t Teaching				
Dates		School Name	¿/Location	otion Subject/Grade Level		Supervising Teacher		
Educational Experience List your school related employers in order beginning with the current/most recent experience first. Please use an additional sheet if necessary.								
Start Date:	District	t Name:				FT PT Su	ub	
	Address:							
End Date:	Supervisor Name: Supervisor Phone:							
	Grade/Position: Reason for Leaving:							
Describe your duties:								

Start Date:) Name:	FT	PT	Sub			
	Address:						
End Date:	Supervisor Name: Supervisor Phone:						
	8 h : Reason for Leaving:						
Describe your	duties:						
Start Date:	District Name:	FT	PT	Sub			
	Address:						
End Date:	Supervisor Name: Supervisor Phone:						
	Grade/Position: Reason for Leaving:						
Describe your	duties:						
Start Date:	District Name:	FT	PT	Sub			
	Address:						
End Date:	Supervisor Name: Supervisor Phone:						
	Grade/Positon: Reason for Leaving:						
Describe your	duties:						
Start Date:) Name:	FT	PT	Sub			
	Address:						
End Date:	Supervisor Name: Supervisor Phone:						
	8 h : Reason for Leaving:						
Describe your duties:							
Related Professional Experience							
	Related Professional Experience						
	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational t	ravel, lecture	es,				
		ravel, lecture	es,				
	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational t	ravel, lecture	es,				
	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational t	ravel, lecture	es,				
	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational t	ravel, lecture	25,				
membership	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational t		es,				
membership	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational to in organizations, etc.):		25,				
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membership	er professional work (<u>i.e.</u> , publications, committee work, curriculum writing, educational to in organizations, etc.):		25,				
Describe any	er professional work (i.e., publications, committee work, curriculum writing, educational to in organizations, etc.): experiences you have with culturally or ethnically diverse organizations or community particular activities & Athletics er extracurricular activities that you have participated in and/or are willing to be involved as a community particular activities.	rtnerships:					
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		Prior Tenure Rec	ord			
Have you e	ever been granted tenure i	n another school district in New Yo	ork State: Yes	No		
	*If yes, please identify the school district:					
	*Date tenure granted:					
	Have you ever been denied tenure in another school district in New York State: Yes No					
	yes, please identify the sch					
	*Identify reason for denial of tenure: *Date tenure denied:					
D.	ate tenure demed.	Other Employment Ex				
List	your employers in order begin	Other Employment Ex ning with the current/most recent exp		I sheet if necessary.		
Start Date:	Employer Name:					
	Address:					
End Date:	Supervisor Name:		Supervisor Phone:			
	Your Job Title: Reason for Leaving:					
Describe yo	ur duties:					
Start Date:	Employer Name:					
	Address:					
End Date:	Supervisor Name:		Supervisor Phone:			
	Your Job Title:		Reason for Leaving:			
Describe yo	ur duties:					
Start Date:	Employer Name:					
	Address:					
End Date:	Supervisor Name:		Supervisor Phone:			
	Your Job Title:		Reason for Leaving:			
Describe yo	ur duties:					
Start Date:	Employer Name:					
	Address:					
End Date:	Supervisor Name:		Supervisor Phone:			
	Your Job Title:		Reason for Leaving:			
Describe yo	ur duties:					
References						
List five references, including current supervisor and at least one former supervisor.						
	Name	Relationship	Organization	Phone		

Representations							
Have you ever worked for the Niskayuna Central School District?					No		
If yes, where? Dates:							
Have you ever been fingerprinted	Yes	No					
If yes, where?							
Have you ever been discharged or from a prior position? If yes, when	Yes	No					
Have you ever resigned from a position after a complaint was received about you, or while your conduct was under investigation or review? If yes, where?					No		
Have you ever been convicted of a crime (felony or misdemeanor), or do you have criminal charges pending? If yes, please complete the following (attach additional sheets if necessary):					No		
Court	Location	Charge/Conviction	Date				
Have you ever had any professional license or Certificate of any sort denied, revoked, or suspended by any government agency? If yes, please explain:					No		
Have you ever had a license or certificate denied or terminated because of unsatisfactory fingerprints or teaching?					No		
Have you ever been disqualified fo	or employment for any civil service position?			Yes	No		
	nd/or have you ever pleaded guilty to disciption Law or Section 75 of the Civil Service La		inst you	Yes	No		
Has a Family Court or any other co	ourt ever rendered a finding indicating that y		ed a child? If	Yes	No		
yes, please complete the following Court	Location	Judge	Date				
		<u> </u>					
(Please tell us any additional inf	Applicant's Statement (Please tell us any additional information that you feel would be helpful in evaluating your application, including why you want to work for						
Niskayuna Central School District. Use additional sheets if necessary.)							
I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading stat and/or any omissions, on my application, or on any other supporting documents, will be considered justification for disqualification of my application or term of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the Niskayuna Central School District to deferences, to obtain information from my former employers and educational institutions, to take other action to investigate any information provide employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the Niskayuna Centra District to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record to the district to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record and authorize all government agencies to provide information about my criminal record and authorize all government agencies to provide information about my criminal recor					mination nay have, check my ed in my al School		
Signature: Date:							