



McGRAW CENTRAL SCHOOL DISTRICT EMPLOYMENT APPLICATION

Date _____

POSITION PREFERENCE

Teaching
Substitute Teaching

Teaching Assistant

Subject _____

Position _____

PERSONAL INFORMATION

Name _____

Last

First

Middle

Present Mailing Address _____ Tel. _____

Permanent Mailing Address _____ Tel. _____

Social Security No. _____ Retirement No. _____

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes No if yes explain.

Are you a U.S. citizen? Yes No if no, have you filed a declaration of intention to become a citizen? Yes No

Have you ever been convicted of a crime? Yes No if yes explain

Are you an honorably discharged veteran? Yes No N/A

Are you an exempt volunteer fireman? Yes No

CERTIFICATION/LICENSE

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

Provisional Initial Permanent Professional _____
Area Date Issued

If you do not have a New York State Teaching Certificate, have you made 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 & Location of School	Dates	Nature of Studies	Date Granted	Degree
College Undergraduate				
College Graduate				
Vocational/Technical/Trade				

TEACHING OR ADMINISTRATIVE EXPERIENCE

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

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Nature of Position	Reason for leaving

TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes No

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?

Yes No

Name and address of school district where tenure was granted: _____

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

OTHER SKILLS AND ABILITIES

(e.g. coaching, ability to sign)

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character.

Name

Position

Address & Telephone No.

May we refer to your present employer? Yes No

May we refer to your former employer(s)? Yes No

Placement Folder may be secured from: (Name and Address) _____

APPLICANT'S STATEMENT

(Give any additional information which you think might be of value in considering you for a position.)

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature

Date

Please return completed application to:
Superintendent of Schools
McGraw Central School District
PO Box 556
West Academy St.
McGraw, NY 13101

EQUAL OPPORTUNITY EMPLOYER

The school district does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.