

Applicant's Statements

Please provide any appropriate information not given above which, in your judgment, may be of importance in our consideration of you for a professional position in the District.

Prior Tenure Record

ALL APPLICANTS must complete this statement to assure compliance with provisions of section 3012, subdivision 1, of the Education Laws of the State of New York.

Have you ever received TENURE in any school district or Board of Cooperative Educational Services (BOCES) anywhere in New York State?

YES NO If yes, please indicate: Name of school district or BOCES Date Tenure Conferred

Have you ever been denied TENURE, dismissed, or requested to resign from a teaching position?

YES NO If yes, please give details:

- The Three Village CSD does not discriminate on the basis of sex, national origin, handicap, race, religion, marital status, age or color in the employment of personnel.
- This application must be completed in full. The attachment of a resume will be helpful.
- Our acceptance of this application is not a guarantee that you will receive an appointment.
- Candidacy for employment in the Three Village Central School District is based solely upon professional ability.
- This application will be discarded after two years.

Applicant Certification and Authorization

I certify that this application, resume, cover letter, and any and all documents submitted by me in connection with my application for employment are true and complete. I understand that any false statements or omissions made by me in connection with my application, or in response to any requests for information, can be sufficient grounds for my rejection as a candidate for employment or may result in my immediate termination and/or referral for criminal prosecution. I authorize persons, schools, current employer, previous employers, and others named in this application (and accompanying documents, if any) to provide any relevant information that may be necessary to arrive at an employment decision.

I agree, if employed, to abide by all policies and regulations of the Three Village Central School District.

I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of _____ according to the best of my ability.

Applicant's Signature: _____ Today's Date: _____

Office Use

Prior to District Level Interview:

Building Level Recommendation and Related Paperwork:
Certification:
OSPRA 101 and affidavit or 102:
Previous Tenure:
Official Transcript(s):
(3) References:
NYS Teachers' Retirement System:
New or Replacement Position:

District Office Interview (Date and Time):

Building Assignment:
Subject/Grade:
Tenure Date:
Step/Level:
BOE Appointment Date:
Effective Appointment Date:
APPROVED:



THREE VILLAGE CSD

P. O. Box 9050 • East Setauket, NY 11733-9050

APPLICATION FOR PROFESSIONAL APPOINTMENT

Please check position desired, note specific area and complete a separate application for each position of interest.

<input type="checkbox"/> Administration:	<input type="checkbox"/> Elementary School (grade):	<input type="checkbox"/> Secondary School (subject):	<input type="checkbox"/> K-12 Special Area (subject):
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Are you interested in a substitute teaching position? YES NO Are you interested in home tutoring position? YES NO

Applicant Information

Last Name and Previous Last Name	First Name	Social Security Number
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Present Street Address	Present City/Town
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Present State	Present Zip/Postal Code	Present Telephone Number ()	Alternate Telephone Number ()
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Permanent Street Address	Permanent City/Town
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Permanent State	Permanent Zip/Postal Code	Permanent Telephone Number ()	Alternate Telephone Number ()
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Member of NYS Teachers Retirement System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Employment Desired:	E-mail address:
If yes, Retirement System Number:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute	

Are you CURRENTLY employed by the Three Village CSD? YES NO

If yes, list position and dates.

Have you ever been employed by the Three Village CSD? YES NO

If yes, list position and dates.

Are you a U.S. citizen or permanent resident? YES NO

Estimate the total number of days absent from work or school for the past three years:

Are you related to anyone presently employed by the Three Village CSD? YES NO

If yes, please state name and relationship:

Are you fingerprinted for employment in a public school district in accordance with Part 87 of the NYS Commissioner's Regulations? YES NO

If yes, please provide copy of OSPRA clearance.

Have you ever been convicted of a criminal action? YES NO Have you ever operated a vehicle while ability impaired? YES NO

If yes, please provide details:

If yes, please provide details:

Are any criminal charges pending against you? YES NO

If yes, please provide details:

Are you able to perform the functions of the job for which you have applied without an accommodation? YES NO

If no, please provide details:

Professional References

Please provide the name, title, address and telephone numbers of three persons who have observed and evaluated your work as a student or professional. Recommendations by present and former supervisors are requested for experienced teachers or administrators. Persons beginning their teaching career are to include cooperation teachers and college professors. To expedite your application, please have letters of reference submitted to Personnel Services at the address noted at the top of this application or faxed to: (631) 474-7289.

1. Name/Title:	Telephone:	Years Known:
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Street Address	City/Town	State	Zip Code
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2. Name/Title:	Telephone:	Years Known:
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Street Address	City/Town	State	Zip Code
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3. Name/Title:	Telephone:	Years Known:
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Street Address	City/Town	State	Zip Code
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Educational Employment History						
List all prior work experience beginning with the current or most recent employer for the past <u>seven</u> years. For additional employer information, please complete the Educational Employment History Addendum.						
FROM:	Month	Year	Current/Most Recent School District	Department	Current/Most Recent Job Title	
TO:	Month	Year	District's Address (City, State, Zip Code)		Principal's Name	
Type of Appointment (please check): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Subject or Grade Level Taught:						
Appointment Status (please check): <input type="checkbox"/> Probationary/Tenure Track <input type="checkbox"/> Leave Replacement <input type="checkbox"/> Per Diem Substitute <input type="checkbox"/> Long Term Substitute						
Phone Number: ()		Current Annual Salary \$		Hours Worked Per Week	Reason(s) for Leaving:	
Brief Description of Duties:						
FROM:	Month	Year	School District	Department	Title	
TO:	Month	Year	District's Address (City, State, Zip Code)		Principal's Name	
Type of Appointment (please check): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Subject or Grade Level Taught:						
Appointment Status (please check): <input type="checkbox"/> Probationary/Tenure Track <input type="checkbox"/> Leave Replacement <input type="checkbox"/> Per Diem Substitute <input type="checkbox"/> Long Term Substitute						
Phone Number: ()		Annual Salary \$		Hours Worked Per Week	Reason(s) for Leaving:	
Brief Description of Duties:						
FROM:	Month	Year	School District	Department	Title	
TO:	Month	Year	District's Address (City, State, Zip Code)		Principal's Name	
Type of Appointment (please check): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Subject or Grade Level Taught:						
Appointment Status (please check): <input type="checkbox"/> Probationary/Tenure Track <input type="checkbox"/> Leave Replacement <input type="checkbox"/> Per Diem Substitute <input type="checkbox"/> Long Term Substitute						
Phone Number: ()		Annual Salary \$		Hours Worked Per Week	Reason(s) for Leaving:	
Brief Description of Duties:						
Student Teaching or Internship Experiences						
FROM:	Month	Year	School District	Department	Cooperating Teacher's Name	
TO:	Month	Year	District Address (City, State, Zip Code)		Principal's Name	
Phone Number: ()		Subject or Grade Level Taught:				
FROM:	Month	Year	School District	Department	Cooperating Teacher's Name	
TO:	Month	Year	District Address (City, State, Zip Code)		Principal's Name	
Phone Number: ()		Subject or Grade Level Taught:				
Related Professional Experience						
List travel, publications, organizational and committee memberships, participation in innovative educational programs, special programs, elective positions held, community and service learning, scouting and recreation.						
Business, Occupations and Summer Employment Experiences						
FROM:	Month	Year	Employer's Name	Department	Job Title	
TO:	Month	Year	Employer's Address (City, State, Zip Code)		Supervisor's Name	
Phone Number: ()		Salary \$	Hours Worked Per Week	Duties:		
FROM:	Month	Year	Employer's Name	Department	Job Title	
TO:	Month	Year	Employer's Address (City, State, Zip Code)		Supervisor's Name	
Phone Number: ()		Salary \$	Hours Worked Per Week	Duties:		

Teaching Certification							
Candidates must bring the original certificate to Personnel Services to expedite the application process. If the Certificate is pending, a letter from the BOCES (indicating certification requirements have been met) or a letter from the recommending institution (stating that the institution has submitted the application to the NYSED on behalf of the applicant) must be included with the application. Evidence of certification is required prior to any appointment to a teaching or administrative position.							
State	Issue Date	Expiration Date	Certificate Number	Certificate Title	Certificate Type		
1.							
2.							
3.							
4.							
Professional Preparation							
Institution Name (High School)		Diploma	Attended From	Attended To	Year of Graduation	Credits Earned	
Street Address		City/Town	State	Zip Code	Major and Minor Area of Study		
1.	Institution Name (Undergraduate)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major and Minor Area of Study		
2.	Institution Name (Undergraduate)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major and Minor Area of Study		
3.	Institution Name (Undergraduate)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major and Minor Area of Study		
1.	Institution Name (Graduate School)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major Area of Study		
2.	Institution Name (Graduate School)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major Area of Study		
3.	Institution Name (Graduate School)		Degree Earned	Attended From	Attended To	Year of Graduation	Credits Earned
Street Address		City/Town	State	Zip Code	Major Area of Study		
1.	Institution Name (Post Graduate Work)			Attended From	Attended To	Credits Earned	
Street Address		City/Town	State	Zip Code	Major Area of Study		
2.	Institution Name (Post Graduate Work)			Attended From	Attended To	Credits Earned	
Street Address		City/Town	State	Zip Code	Major Area of Study		
Academic Honors: _____							
Undergraduate Scholastic Work:							
Circle scholastic average of all undergraduate work: A A- B+ B B- C+ C C-							
Graduate Scholastic Work:							
Circle scholastic average of all graduate work: A A- B+ B B- C+ C C-							
United States Armed Forces Record							
Please check all that apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve							
Branch of Service:		Type of Discharge:		Dates of Service:		Period of Active Duty Dates:	
Statement on Professional Interests and Outside Activities							

