

**SARANAC CENTRAL SCHOOL DISTRICT
SARANAC, NY 12981**



TEACHING APPLICATION

To the Applicant:

Candidates wishing to substitute, please return the completed application and required documents to the Office of the Superintendent, District Office, P.O. Box 8, Saranac, NY 12981, or email application to aparrotte@saranac.org.

Substitutes: Please include a copy of your High School Diploma/transcripts.

New Hire Candidates: Please include a copy of your certification and 3 letters of reference.

SARANAC CENTRAL SCHOOL DISTRICT TEACHING APPLICATION

DATE OF APPLICATION: _____

NAME: _____
 First Middle Last Maiden

APPLICATION FOR TEACHER OF: _____

ARE YOU INTERESTED IN SUBSTITUTE WORK? YES _____ NO _____

PRESENT ADDRESS: _____
 Street City State Zip Code

PERMANENT ADDRESS: _____
 Street City State Zip Code

TELEPHONE NUMBERS: Home: _____ Cell: _____

SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

If you are a member of the New York State Retirement System, please give your;
RETIREMENT #: _____

CERTIFICATION: (Please include a copy of the certification with the application)

<u>TYPE OF CERTIFICATION:</u>	<u>ISSUING DATE:</u>	<u>GRADE VALIDITY:</u>	<u>NUMBER:</u>	<u>STATE:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL EXPERIENCES: (Teachers with less than two years experience, include practicing teaching assignments)

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>SUBJECT MATTER:</u>	<u>YEARS:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>DIPLOMA / DEGREES:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE:

DATES:

BRANCH:

TYPE OF DISCHARGE:

PROFESSIONAL ORGANIZATIONS:

A. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

B. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM PRIOR EMPLOYMENT? _____ YES _____ NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?

_____ YES _____ NO. IF YES, PLEASE EXPLAIN: _____

D.. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

1. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE?

_____ YES _____ NO

2. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? _____ YES _____ NO

REFERENCES:

NAME:

POSITION:

ADDRESS:

HOME #:

WORK #:

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.

SIGNATURE: _____ **DATE:** _____