

Au Sable Valley Central School
1273 Route 9N
Clintonville, New York 12924

Date of Application _____

APPLICATION FOR TEACHER OF _____

ARE YOU INTERESTED IN SUBSTITUTE WORK? Yes No

NAME _____
First Middle Last Maiden

PRESENT ADDRESS _____
Street/PO Box Telephone #

_____ *City State Zip*

SOCIAL SECURITY # _____ **E-MAIL ADDRESS** _____

Are you a U.S. citizen? Yes No

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

Do you have any impairment, physical, mental, or medical, which would interfere with your ability to perform the job for which you have applied? _____

Have you ever been convicted of a crime? _____ Give details: _____

NYS 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

CERTIFICATION:

Title of Certificate	Issuing Date	Subject or Grade Validity	Date Issued	Certification #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL EDUCATIONAL EXPERIENCE: (Teachers with less than 2 years of experience should include practice teaching assignments. Please begin with latest experience.)

Dates	Name of School & Address	Subject Matter or Grade Level Taught	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE: (Business, Trades, Summer Occupations)

Dates	Business/Institution	Nature of Work	Full-Time	Summers, Vacations, etc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION:

	Dates	Name of School & Address	Degree or Diploma
High School	_____	_____	_____
College	_____	_____	_____
Other (Trade, Vocational, etc.)	_____	_____	_____

MILITARY SERVICE RECORD:

Were you in the U.S. Armed Forces? YES NO If yes, what branch? _____
Dates of Duty: From _____ To _____ Rank at Discharge _____
Honorable Discharge? YES NO

PROFESSIONAL ORGANIZATIONS:

Do you belong to any organization which you feel will be helpful in your performance of this job? If so, please explain: _____

Are there any experiences, skills or qualifications which you feel would especially fit you for work with our organization? _____

SUBJECTS OR GRADES YOU PREFER TO TEACH _____

SUBJECTS OR GRADES YOU ARE CERTIFIED TO TEACH _____

REFERENCES:

Name	Position	Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT – DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER’S USE**

INTERVIEWER	DATE	COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCE CHECK

POSITION NUMBER	RESULTS OF CHECK
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____

SEE REFERENCES

It is the policy of the Au Sable Valley Central School District Board of Education, not to discriminate on the basis of sex, age, race, color, religion, national origin, or handicap in the educational programs or activities which it operates. Furthermore, the Au Sable Valley Central School District Board of Education is required by Title IX of the Education Amendments of 1972 and the Section 504 of the Rehabilitation Act of 1973, respectively, not to discriminate in such a manner. Inquiries concerning this policy may be referred to the following school official:

**Office of the Superintendent
1273 Route 9N
Clintonville, New York 12924
Telephone: (518) 834-2845**

This office will provide information, including complaint procedures, to any student or employee who feels that their rights under Title IX and/or Section 504 may have been violated by the District or its officials.