

# PROFESSIONAL STAFF APPLICATION

HONEOYE CENTRAL SCHOOL

P. O. Box 170

Honeoye, New York 14471

Date of Application \_\_\_\_\_

Honeoye Central School is an equal opportunity employer and does not discriminate on the basis of age, race, creed, national origin, sex, disability or marital status. The district is in compliance with Title VII of the Civil Rights Act of 1964, the New York State Human Rights Law and Title IX of the Education Amendments of 1972.

## ◆ Position Preference

ELEMENTARY

SECONDARY

ADMINISTRATION

GRADE LEVEL \_\_\_\_\_

SUBJECT/AREA \_\_\_\_\_

## ◆ Personal Information

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER ( ) \_\_\_\_\_ ALTERNATE NUMBER ( ) \_\_\_\_\_

YEARS AT ABOVE MAILING ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC OFFENSES?

Yes  No

If yes, please explain on a separate sheet and include with the application.

IS ANY ADDITIONAL INFORMATION RELATIVE TO A CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR RECORD?

If yes, please explain \_\_\_\_\_

ARE YOU A MEMBER OF THE NYS TEACHERS' RETIREMENT SYSTEM?  Yes  No

\_\_\_\_\_  
Membership Number

LIST ANY FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORKING FOR HONEOYE CENTRAL SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_

## ◆ Education

SCHOOL ATTENDED	TYPE OF SCHOOL	LOCATION (CITY/STATE)	TYPE OF DEGREE	DATE OF DEGREE	MAJOR/MINOR G.P.A.
	HIGH SCHOOL				
	COLLEGE				
	COLLEGE				
	GRADUATE				

TOTAL NUMBER OF GRADUATE HOURS BEYOND YOUR LAST DEGREE \_\_\_\_\_

## ◆ Certification

*\*ATTACH A COPY OF EACH CERTIFICATION LISTED*

NEW YORK STATE CERTIFICATION -  YES  NO  ANOTHER STATE (LIST) \_\_\_\_\_

AREA/SUBJECT \_\_\_\_\_

AREA/SUBJECT \_\_\_\_\_

## ◆ Supplementary Education and Training

TITLE OF COURSE, INSERVICE, OR WORKSHOP	WHERE TAKEN	DATE/DURATION	SKILLS LEARNED

## ◆ Activities

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

COMMUNITY \_\_\_\_\_

AWARDS/HONORS/REGONITION \_\_\_\_\_

LIST ANY CLUB OR SPORT YOU ARE ABLE TO SUCCESSFULLY COACH/ADVISE: \_\_\_\_\_

PROFESSIONAL ORGANIZATIONS (Please list all memberships which you consider relevant to your ability to perform the job for which you are applying)

\_\_\_\_\_

## ◆ Employment History

LIST ALL FORMER FULL-TIME AND PART-TIME EMPLOYERS BEGINNING WITH THE MOST RECENT - USE AN ADDITIONAL SHEET IF NECESSARY.

NAME OF PRESENT OR LAST EMPLOYER					TYPE OF BUSINESS	
ADDRESS			CITY	STATE		
START DATE		LEAVING DATE		REASON FOR LEAVING	MAY WE CONTACT?	
MONTH	YEAR	MONTH	YEAR			

YOUR JOB TITLE NAME OF SUPERVISOR SUPERVISOR'S TITLE

DESCRIPTION OF YOUR DUTIES

NAME OF PRESENT OR LAST EMPLOYER					TYPE OF BUSINESS	
ADDRESS			CITY	STATE		
START DATE		LEAVING DATE		REASON FOR LEAVING	MAY WE CONTACT?	
MONTH	YEAR	MONTH	YEAR			

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ADDRESS			CITY	STATE		
START DATE		LEAVING DATE		REASON FOR LEAVING	MAY WE CONTACT?	
MONTH	YEAR	MONTH	YEAR			

YOUR JOB TITLE NAME OF SUPERVISOR SUPERVISOR'S TITLE

DESCRIPTION OF YOUR DUTIES

## ◆ United States Armed Services Record

DATES FROM - TO	BRANCH	HIGHEST RANK	TOTAL MONTHS	DO YOU HAVE ANY CONTINUING RESERVE OBLIGATIONS?

## ◆ References

NAME	ADDRESS	POSITION	TELEPHONE (HOME & WORK)
1.			
2.			
3.			
4.			
5.			

## ◆ Certificate of Applicant

HAVE YOU EVER FAILED TO BE REAPPOINTED OR BEEN DENIED TENURE?  
IF YES, EXPLAIN (DATE, LOCATION, REASON) ON A SEPARATE PIECE OF PAPER.

YES                       NO

ARE YOU ABLE TO PERFORM THE DUTIES (WITHOUT REASONABLE ACCOMODATIONS) OF THE POSITION FOR WHICH YOU ARE APPLYING?

YES                       NO

I hereby certify that the information presented on this form is true, accurate and complete. Any falsifications, misrepresentations or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand the district will conduct an inquiry regarding my background and experiences and I authorize the district to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If employed, I agree to comply with all reasonable rules of the district as a condition of continuing employment.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

DATE OF INTERVIEW \_\_\_\_\_ DATE OF 2<sup>ND</sup> INTERVIEW \_\_\_\_\_

REFERENCE CHECK PERFORMED \_\_\_\_\_

