



CAZENOVIA CENTRAL SCHOOL DISTRICT
CAZENOVIA, NEW YORK 13035-1098

Date: _____

EMPLOYMENT APPLICATION

Position Preference

- | | | |
|--|--|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Administrative | <input type="checkbox"/> Teaching Assistant |
| <input type="checkbox"/> Substitute Teaching | <input type="checkbox"/> Business Office | <input type="checkbox"/> Substitute Teaching Assistant |

Subject: _____ Position: _____ Grade Level: _____

Personal Information

Name: _____
Last First Middle

Mailing Address: _____ Phone: () _____

_____ Cell Phone: () _____

Zip: _____

Retirement Number*: _____ Email: _____

**Full time employees must join the retirement system. Part time employees have the option to join the retirement system. See Payroll clerk in Business Office for details.*

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 misdemeanor, felony or crime other than a traffic violation?
 Yes No If yes, explain and attach.

Please list the names of all relatives currently or formerly employed at Cazenovia Central: _____

Are you an exempt volunteer fireman? Yes No

Have you ever been known by any other name? Yes No

If yes, Name(s): _____

Certification/License

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

- | | | | |
|---------------------------------------|----------------------------------|--|-----------|
| <input type="checkbox"/> Professional | <input type="checkbox"/> Initial | <input type="checkbox"/> Certification of Qualification: _____ | _____ |
| | | | Area Date |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Initial | <input type="checkbox"/> Certification of Qualification: _____ | _____ |
| | | | Area Date |

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 and Location of School	Nature of Studies	Did you graduate?	Year of Graduation
High School			

Name and Location of School	Dates Attended	Nature of Studies	Credits Earned	Degree	Date Granted
College (Undergraduate)*					
College (Graduate)*					
Vocational/Technical/Trade*					
*provide copy of transcript					

Teaching, Student Teaching or Administrative Experience

List most recent experience first. Include any substitute, part time or student teaching and indicate as such.

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

Other Work Experience

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

Employment and Tenure Status

Were you ever granted tenure in a public school district in New York? Yes No If yes, complete the

following: Tenure Area: _____ Effective Date: _____

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

Were you ever asked to resign, denied tenure or dismissed from a school district or other employment?

Yes No

Professional & Scholastic Organizations, Memberships, Honors

Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.

Other Skills and Abilities

For example: coaching, knowledge of sign language, computers/instructional technology, foreign language, etc.

References

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address and telephone number of your last supervisor who may be contacted for a personal or professional reference.

Name	Position	Address & Telephone No.

May we refer to your present employer? Yes No

May we refer to your former employer? Yes No

To be completed by all candidates:

Why do you want to be employed by the Cazenovia Central School District? _____

What skills or qualifications do you offer to distinguish you from other candidates? _____

In your opinion, what are the three most positive aspects of the type of employment position which you seek?

1. _____

2. _____

3. _____

In your opinion, what are the three most negative aspects of the type of employment position which you seek?

1. _____

2. _____

3. _____

IMPORTANT:

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