

WINDSOR CENTRAL SCHOOL DISTRICT

Application

of

(your name)

for a Teaching Position in the
WINDSOR CENTRAL SCHOOL DISTRICT

Windsor, New York 13865

Position Applied for: _____

Date Submitted: _____

Please return this application to:

Superintendent of Schools
Windsor Central School District
215 Main Street
Windsor, New York 13865
(607) 655-8216

THE MISSION OF THE WINDSOR CENTRAL SCHOOL DISTRICT IS TO CREATE A STIMULATING ENVIRONMENT WHERE STUDENTS ARE INDEPENDENT LEARNERS AND GROW TO BECOME SUCCESSFUL CITIZENS.

THIS ENVIRONMENT IS CREATED BY A CHALLENGING, INTEGRATED CURRICULUM DELIVERED BY A CARING AND COMPETENT STAFF.

The Windsor Central School District is Guided by New York State Human Rights Law in Employment Practices and Procedures

Name: _____
(Last) (First) (Maiden) (M.I.)

Present Address: _____ Phone: () _____

Home Address: _____ Phone: () _____

Social Security #: _____ NYS Teachers' Retirement # _____
(if applicable)

PROFESSIONAL PREPARATION

Institution and Location: _____ Major/Minor _____ Degree _____ Graduation Date _____
UNDERGRADUATE: (please enclose transcripts)

GRADUATE: (please enclose transcripts)

List all the certificates you have earned in Education: (please enclose copies)

Title of Certificate _____ Date Issued _____ Expiration Date _____ Valid in State of: _____

PAST EMPLOYMENT

List all experience in chronological order. (include both school and non-school experience)

Institution/Address _____ Title of Position (or) Type of work _____ Dates _____

Have you ever been denied tenure or forced to resign a position? _____ If so, please explain (with dates): _____

Have you ever been convicted of a criminal offense, other than a minor traffic infraction? _____ If so, please explain (with dates): _____

REFERENCES

State the names of persons who, during the past five years, are knowledgeable as to your educational experiences. May we contact these people now? _____ .

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

NOTE: PLEASE FORWARD, OR HAVE FORWARDED, YOUR COLLEGE PLACEMENT FOLDER, INCLUDING UPDATED TRANSCRIPTS AND THREE REFERENCES.

"I understand that the Windsor Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the School District and will not be released to me unless required by Federal or State statutes or regulations."

_____ Date

_____ Applicant's Signature

FOR SCHOOL USE ONLY

ADDITIONAL INFORMATION:

INTERVIEW DATE: _____

INTERVIEWER'S COMMENTS:

REFERENCES CHECKED:

- 1. _____
- 2. _____
- 3. _____

