

GROTON CENTRAL SCHOOL

EMPLOYMENT APPLICATION - PROFESSIONAL

~ Administrator, Pupil Personnel, Teacher, Teaching Assistant ~
~ Coach, Computer Personnel, Tutor ~

NAME: _____ DATE: _____

PRESENT ADDRESS: _____

UNTIL: _____ PHONE: () _____

PERMANENT ADDRESS: _____

PHONE: () _____ SOCIAL SECURITY #: _____

EMERGENCY CONTACT: _____ PHONE: () _____

EMAIL _____

TITLE OF POSITION FOR WHICH YOU ARE APPLYING

Substitute Regular Position

CERTIFICATION: Title(s) of your Administrative/Teaching Certificates:

Certificate Title	State of Issue	Type of Certificate	Expiration Date

DATE AVAILABLE FOR EMPLOYMENT _____

No person shall be discriminated against in hiring practices or in the terms, conditions, and benefits of employment because of race, creed, color, religion, gender, national origin, age, physical handicap, political affiliation, marital status, or sexual orientation.

EDUCATION

Name and Address of School - Include High School, College, Graduate Work and Summer Sessions in order taken	Semester Hours	Type of Degree (B.A., B.S., M.A., Ph.D.)	Major Subject	Minor Subject
High School:				
College (Undergraduate):				
College (Graduate):				
Other:				

ADMINISTRATIVE/TEACHING EXPERIENCE (List ALL Work)

Name & Address of School	Dates	% Percentage of Time Employed	Nature of Work
Student Teaching:			
Teaching Experience:			
Other Related Professional Experience:			

WORK EXPERIENCE (List ALL Work Experience)

DATES	FIRM OR INSTITUTION AND ADDRESS	NATURE OF WORK	% PERCENTAGE OF TIME WORKED

MILITARY SERVICE (Active Duty Only)

Branch of Service	Dates of Service	Highest Rank Attained	Nature of Assignment

HAVE YOU BEEN FINGERPRINTED FOR SED? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY OR MISDEMEANOR)? YES NO
 If yes, explain. _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT? YES NO

DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES NO

ARE YOU A UNITED STATES CITIZEN? YES NO

IF "NO", HAVE YOU FILED A DECLARATION OF INTENTION TO BECOME A U.S. CITIZEN? YES NO

LIST ANY PROFESSIONAL/COMMUNITY AFFILIATIONS OR HONORS RECEIVED:

REFERENCES

This is a request for references. Please provide at least 3 people. These references should be persons qualified to give information describing your abilities for the position you seek. Please include a supervisor(s) for whom you have worked.

NAME AND PRESENT ADDRESS	POSITION TITLE	TELEPHONE NUMBER	DATES EMPLOYED OR KNOWN

My signature below indicates that I understand that officials of the Groton Central School District will be making an 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, as long as the information given is relevant to the duties for which I have applied. I understand that information gathered, in part or whole may be shared with Supervisors and members of the Groton Central School District. I understand that all information gathered by you regarding my application will be the property of the Groton Central School District and will not be released to me unless required by federal or state statutes or regulations.

APPLICANT'S SIGNATURE

DATE

Send completed application to:
Mary Walker
Groton Central School
P.O. Box 99
Groton, NY 13073

OFFICE USE ONLY

Interview Scheduled For:

 Date

 Time

September 2007

SubFinder Pro Substitute Registry Profile Form For TST BOCES

For Office Use Only

From School: _____
 Date BOE Appvd: _____
 Date sent to sub: _____
 Date returned from sub: _____

This information will be used solely for the purposes of the TST BOCES substitute calling service.

Directions:

1. School District(s) where sub has received Board approval will send the sub this form with the sub appointment letter and other new sub hire paperwork.
2. **Substitute to complete this form and other new sub hire paperwork and return to the school District that sent the forms.**
3. School District to process and distribute forms as necessary (i.e., this completed form to TST BOCES).

Personal Information

Last Name:	First Name:	MI:
Home Street Address:		PO Box:
City:	State:	Zip:
Primary Phone: ()	Alternate Phone: ()	

Do you have a college degree? Yes No If yes, which State(s): _____
 Type of Degree & Subject area: _____

Do you hold teaching certification? Yes No If yes, which State(s): _____
 Certification Area(s): _____

What type of position are you willing to serve as a substitute (e.g.: teacher, teacher aide, etc.)?

Are there any restrictions regarding your availability as a substitute? (For example: dates/days when you are not able to sub?) - use reverse side for additional space if needed.

School District(s) in the TST BOCES area that you are Board approved to serve as a substitute:

(circle those that apply): Candor Dryden Groton Ithaca Lansing
 Newfield S. Seneca Trumansburg TST BOCES

Additional school district(s) for which you would be willing to serve as a substitute but are not yet Board approved to serve as a substitute:

(circle those that apply): Candor Dryden Groton Ithaca Lansing
 Newfield S. Seneca Trumansburg TST BOCES

School District to return completed form to:

Sherri Smith, SubFinder Pro Coordinator
 TST BOCES, 555 Warren Rd., Ithaca, NY 14850
 607-257-1555 (x444)

For TST BOCES office use only

Assigned Substitute ID #: _____
 Assigned Password: _____