



**Stillwater Central School District  
Superintendent's Office  
1068 Hudson Avenue  
Stillwater, NY 12170**

FOR OFFICE USE

Date of Interview:	
Interviewer:	Time:
Date Employed:	
Date Withdrew:	
Years Credited:	
Step:	
Credit Hours:	
Salary:	

## PROFESSIONAL EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_

Any other name by which you may have been known in the past \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a member of the New York State Teacher's Retirement System      Yes      No      If yes, Retirement # \_\_\_\_\_ Tier \_\_\_\_\_

### POSITION PREFERENCE

Subject Area(s): \_\_\_\_\_

Elementary School    PreK      1      2      3      4      5      6

Middle School    7      8

High School      9      10      11      12

Date available for work: \_\_\_\_\_

### PERSONAL DATA

Have you ever been dishonorably discharged from military duty?      Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been asked to resign or terminated from employment because of a disciplinary action?      Yes  No  If yes, please explain: \_\_\_\_\_

Has your certification ever been terminated or suspended pursuant to Part 83 of the Commissioner's Regulation?      Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been denied tenure or dismissed during your probationary period?      Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime, excluding traffic offenses or violations?      Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever had charges, pursuant to section 3020-a, or a Part 83 complaint filed against you?      Yes  No  If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country?      Yes  No  If yes, please explain: \_\_\_\_\_

The Stillwater Central School District is an equal employment opportunity employer. The Stillwater Central School District does not discriminate on the basis of race, color, creed, sex, age, religion, national origin, sexual orientation, disability, predisposing genetic characteristics, arrest or conviction record, marital status, familial status, military status, or domestic violence status, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. The Compliance Office for Title IX and Section 504 can be contacted through the Superintendent's Office, Stillwater Central School District, 1068 Hudson Avenue, Stillwater, New York 12170.

## EDUCATIONAL PREPARATION

Do you have a High School Diploma? (If no, please explain.)  Yes  No \_\_\_\_\_

Name and Location of School	Dates Attended	Semester Hours	Major/Minor	Grade Pt. Avg.	Degree	Date Granted
College (undergraduate)						
College (graduate)						
Vocational/Technical Trade						

## Student Teaching / Internship

Date	Name and Location of School Subject or Grade Level	Cooperating Teacher	Supervisor

## CERTIFICATION/PROFESSIONAL LICENSE INFORMATION

*It is the applicant's responsibility to have official college transcripts, placement folder, (if available) or a minimum of three written references and a copy of any certification or licensure issued by the State of New York forwarded to the Superintendent's Office.*

A. I hereby certify that I hold a teaching certificate issued by the University of the State of New York as follows:

Area of Certification	Form (certification of qualification, provisional, permanent)	Date

B. A candidate not officially certificated to teach in the public schools of New York State should give the status of his or her application, if any, as follows (check one):

- Application submitted to and approved by the NYS Department of Education - certificate forthcoming.  
 Application filed, decision pending.  Application not filed.

C. Have you taken the required New York State Teacher Examination? Yes  No

D. List non-New York State Teaching certificates. \_\_\_\_\_

E. List any New York State professional licenses you hold. \_\_\_\_\_

F. If you are not certified, but are working toward certification, please summarize your present status.

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

## TENURE STATUS

Were you ever appointed to tenure in a public school district in New York State?  Yes  No If yes, please complete:

Tenure Area \_\_\_\_\_ Date Tenure Granted \_\_\_\_\_

Name and address of school district where tenure was granted \_\_\_\_\_

Following the conferral of tenure, were you ever dismissed from any school district pursuant to New York Education Law section 3012 and 3020-a?  Yes  No

## EMPLOYMENT HISTORY (most recent first)

Employer _____ Telephone _____	Dates employed		Salary
	From	To	
Address _____			
Job title _____	Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone _____			
Reason for leaving _____			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer _____ Telephone _____	Dates employed		Salary
	From	To	
Address _____			
Job title _____	Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone _____			
Reason for leaving _____			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer _____ Telephone _____	Dates employed		Salary
	From	To	
Address _____			
Job title _____	Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone _____			
Reason for leaving _____			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer _____ Telephone _____	Dates employed		Salary
	From	To	
Address _____			
Job title _____	Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone _____			
Reason for leaving _____			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

**OTHER REFERENCES FAMILIAR WITH YOUR WORK**

Name	Address	Phone	How known

*When indicated, I hereby authorize Stillwater Central School District to make any investigation of my past employment and waive the right of access to any information submitted by these references.*

**PERSONAL STATEMENT**

**Provide your responses to the following by attaching a file (.pdf, .doc, .docx):**

1. Indicate any special talents or experiences that would have a positive impact on students.
2. Provide any additional information of interest or value regarding your candidacy.

**I declare and affirm that the statements made in this application are true, complete, and correct. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.**

**DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_**

*Application invalid without signature and date*

**Interested candidates must submit a letter of interest, resume, completed application, proof of New York State Certification, official transcript(s), and confidential placement folder to:**

Patricia Morris  
Superintendent of Schools  
Stillwater Central School District  
1068 Hudson Ave.  
Stillwater, New York 12170

You will be contacted by the District if you are a candidate for a position in the Stillwater Central School District. If you are not contacted, your application will be kept on file for one year and you will not be notified.