

BELLEVILLE HENDERSON CENTRAL SCHOOL

CERTIFIED EMPLOYMENT APPLICATION

Rick T. Moore
Superintendent
8372 County Route 75
P.O. Box 158
Belleville, New York 13611-0158
Telephone: (315)846-5826
Fax: (315)846-5617

DATE: _____

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by Belleville Henderson Central School.

POSITION APPLYING FOR: _____

TYPE OF EMPLOYMENT: _____ Full-time _____ Part-time _____ Substitute _____ Temporary

DATE AVAILABLE FOR WORK: _____

HOW DID YOU LEARN OF THE VACANCY: _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # (OPTIONAL)* _____ - _____ - _____
*for payroll purposes only

E-MAIL ADDRESS: _____

FORMER NAME(S): _____ DATE OF BIRTH (OPTIONAL) _____
For purposes of verifying work and education records

MAILING ADDRESS: _____ HOME PHONE: () _____
_____ WORK PHONE: () _____

ARE YOU A MEMBER OF THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM? _____ Yes _____ No

If yes, what is your number? _____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the New York State Teaching/Administrative Certificate(s) described below: *

	Area	Date Issued
Permanent _____ Provisional _____ Initial _____	_____	_____

Permanent _____ Provisional _____ Initial _____	_____	_____
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If you do not have a New York State Teaching Certificate, have you made application for one? _____ Yes _____ No
If yes, where and with whom: _____

If certified in another state, please describe: _____

Other licenses held; type and issuing authority: _____ Exp. Date: _____

**Applicant must provide the original New York State Certificate, or licenses at time of hire.*

EDUCATIONAL PREPARATION

Name & Location of High School: _____

Major/Minor in High School: _____ Did you graduate? Yes _____ No _____

	Names and Location(s) of School(s)	Dates Attended	Sem. Hrs.	Major/Minor	Degree	Date Degree Granted
College (Undergraduate)						
College (Graduate)						
Vocational/ Technical/ Trade						

It is the applicant's responsibility to have official college transcripts and placement folder forwarded to BHCS.

STUDENT TEACHING

Dates	Names and Location(s) of School(s)	Subject or Grade	Cooperating Master Teacher

TENURE STATUS

Applicants must complete and sign this statement to assure compliance with the provisions of Section 3012, Subdivision 1, of New York Education Law.

Were you ever appointed to tenure in a public school district in New York State? _____ Yes _____ No
 If yes, complete: Tenure Area _____ Date Tenure Granted _____
 Name and address of school district/BOCES where tenure was granted: _____

Signature: _____ Date: _____

TEACHING, ADMINISTRATIVE OR WORK EXPERIENCE

Begin with the most recent. Include any substitute teaching, and indicate as such.

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

Employed From/To Dates: _____ Reason for Leaving? _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

Employed From/To Dates: _____ Reason for Leaving? _____

(Continued on next page)

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

Employed From/To Dates: _____ Reason for Leaving? _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

Employed From/To Dates: _____ Reason for Leaving? _____

MILITARY EXPERIENCE: Branch of Service: _____ Rank/Specialty: _____
 Dates of Service: From _____ To _____

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least (3) references which are not included in your placement folder. Preferences should be given to former school principals and superintendents for whom you have taught, or professionals with whom you have worked.

Name	Position/Institution	Address	Phone Number

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMODATION? ____ Yes ____ No

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) ____ Yes ____ No

If yes, please explain: _____

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) ____ Yes ____ No

If you answered yes to the above question, please state in detail the action that was taken against you:

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) ____ Yes ____ No

If yes, please explain: _____

SPECIAL COMMENTS

On a separate sheet of paper, please note any special comments you feel are appropriate that may merit consideration in support of your application. If you desire, you may attach supportive documentation in the form of awards, testimonials, etc. Please do not provide any personal information except that which is specifically requested on the employment application.

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that BHCS will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by BHCS, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by BHCS. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by BHCS, I agree to conform to the rules and regulations of BHCS as set forth in the BHCS handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by BHCS at any time at BHCS sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with BHCS, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 N.Y. Laws, Chapter 180), I understand that I will be discharged by BHCS, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: _____ Date: _____
Print Name: _____

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below I, _____, hereby authorize the Belleville Henderson Central School (BHCS) to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize BHCS to contact all employers and personal references listed on my employment application. In addition to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with BHCS.

Signature: _____ Date: _____
Print Name: _____

Note: If the applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER