

NAME: _____
SUBJECT: _____
DATE: _____



COMPLETE AND RETURN TO:
DR.FERN AEFKY, SUPERINTENDENT OF SCHOOLS
10 EDUCATION DRIVE
BEACON, NY 12508

BEACON CITY SCHOOL DISTRICT

"An Equal Opportunity Employer"

APPLICATION FOR POSITION OF (Elementary or Subject Area) _____
AREA OF CERTIFICATION ONLY

CIRCLE GRADE LEVEL PREFERENCE 12 11 10 9 8 7 6 5 4 3 2 1 K

NAME _____ DATE ____/____/____

Please Print

Present Address _____ Phone Number _____

_____ Zip Code _____ Cell Number _____

Permanent Address _____

_____ Zip Code _____ Phone Number _____

PERSONAL DATA

Ability to perform job with/without reasonable accommodation (CHECK ONE) ACCOMMODATION NEEDED ACCOMMODATION NOT NEEDED

If needed, what is the nature of the accommodation? _____

Days absent due to illness last two years Number of days absent Last Year _____ + Number of days absent Previous Year _____ - TOTAL _____

Social Security Number _____ Retirement Number _____

Are you a citizen of the U.S.A.? _____

If not a citizen of the U.S.A., do you have a legal right to be in the United States? _____

Have you ever been convicted of a felony? _____

Have you received fingerprint clearance from the New York State Education Department, Office of School Personnel Review & Accountability (OSPRA)?

- Yes - Please include a copy of your clearance with this application.
- No
- Pending - Please give date application was submitted to NYSED: ____/____/____

LICENSE INFORMATION: CERTIFICATION AREA _____

Title of New York State Certificate _____

Name as given on Certificate _____

Valid From ____/____/____ TO ____/____/____

CERTIFICATION NUMBER _____

If not licensed in New York State, give status APPLICATION FILED _____ NOT FILED _____

If certified in another state please name _____

EDUCATIONAL BACKGROUND

DATES ATTENDED FROM TO	INSTITUTION NAME ADDRESS, ZIP CODE	Major	Degree Received	Semester Hours Beyond Degree

PROFESSIONAL EXPERIENCE

List in chronological order beginning with most recent experience.

DATES FROM TO	NO. YEARS TAUGHT	NAME OF SCHOOL	ADDRESS, ZIP CODE	GRADE SUBJECT	LAST YEAR SALARY

REFERENCES

Give three references, including Superintendents, Principals and Supervisors, who have first hand knowledge of your character, personality, scholarship and ability. If presently employed, list your present employer first.

NAME	POSITION	PRESENT ADDRESS, ZIP CODE	TELEPHONE NO.

GIVE NAME AND ADDRESS OF COLLEGE OFFICE WHERE YOUR PLACEMENT PAPERS MAY BE OBTAINED.

SPECIFY NAME YOUR PLACEMENT FOLDER IS FILED UNDER.

HAVE YOU EVER FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE? YES _____ NO _____

