

Plattsburgh City School District

49 Broad Street
Plattsburgh, NY 12901-3396
518-957-6000 (office)
518-561-6605 (fax)
www.plattscsd.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.

APPLICATION

Date _____

PERSONAL INFORMATION

NAME _____
last
first
middle

Other name(s) _____
 (Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

SOCIAL SECURITY NUMBER _____ - _____ - _____

Present Mailing Address

Permanent Mailing Address

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

Telephone Number _____

Telephone Number _____

e-mail _____

POSITION PREFERENCE (specify preference)

<p>Elementary ___ PreK-2 ___ 3-5 ___ Special Education Grade Level _____</p>	<p>Secondary ___ 6-8 ___ 9-12 ___ Special Education Subject _____</p>	<p>Other ___ e.g. Guidance, Psychology, Administration, Speech Specify _____</p>
---	--	--

CERTIFICATION — New York State Certification Required (List and enclose copies of all certifications and if pending, please indicate.)

STATE	DATE ISSUED	DATE EXPIRES	SUBJECT VALIDITY	CERTIFICATE NUMBER

EDUCATIONAL PREPARATION

SCHOOL	LOCATION	NATURE OF STUDIES Major/Minor	DIPLOMA/DEGREE
<i>High School</i>			
<i>College (Undergraduate)</i>			

Have you taken work which has resulted in the conferring of an advanced degree? If yes, summarize.

COLLEGE	LOCATION	MAJOR SPECIALIZATION	CREDITS	DEGREE

Summarize graduate work beyond the highest degree earned or graduate work not leading to a degree.

COLLEGE	LOCATION	INDICATE MAJOR CONCENTRATIONS	CREDITS	ADDITIONAL INFORMATION

SCHOLASTIC HONORS _____

PROFESSIONAL MEMBERSHIPS _____

READING BACKGROUND (Elementary Teachers Only)

List title and credit hours of course work taken in the teaching of reading — 12 hours of reading presently required.

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, address, publications, organizational membership, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation etc.)

EDUCATIONAL EXPERIENCE

List most recent experience first. Include any substitute teaching, and indicate as such.

DATES	NAME & LOCATION OF SCHOOL	NATURE OF EXPERIENCE i.e. Grade level, subject	TOTAL YEARS	

Student teaching, if fewer than 3 years of full-time employment.

YEARS	NAME & LOCATION OF SCHOOL	SUBJECT OR GRADE LEVEL

OTHER WORK EXPERIENCES

(Business, trades, summer occupations)

DATES	FIRM/INSTITUTION	NATURE OF WORK	FULL TIME	SUMMERS, VACATIONS, ETC.

PRIOR TENURE RECORD

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, of the Education Laws of the State of New York.)

Have you ever received TENURE in any school district or board of cooperative educational services (BOCES) anywhere in New York State? Yes No

If yes, please indicate _____ (Name of School District or BOCES) _____ (Date of Tenure)

(Signature) _____ (Today's Date)

GENERAL INFORMATION

NYS Teachers' Retirement System Member? Yes No If yes, indicate number _____

Have you ever been dismissed from a position? Yes No If yes, please explain _____

Have you ever been convicted of a crime? Yes No If yes, please explain _____

Are you a U.S. citizen? Yes No

REFERENCES

Give the names of four persons who have closely observed your work as a professional or a student. References by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendation.

Name				
Official Position				
Address				
City, State, Zip				
Telephone Number (area code)				

APPLICANT'S STATEMENT

Please give a statement covering any additional information which will help in judging your suitability for a position, including such things as your aims in teaching not mentioned elsewhere and any special experience, training or interests.

NOTICE

Applications will be kept on file for **one year** from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

It is the responsibility of the applicant to furnish *official college transcripts (sealed envelope), placement folder, and three current letters of recommendations.*

Signature _____ Date _____