ATTICA CENTRAL SCHOOL DISTRICT
BOARD OF EDUCATION OFFICES
3338 E. MAIN STREET
ATTICA, NEW YORK 14011

APPLICATION FOR EMPLOYMENT

DIRECTIONS: This application should be submitted for employment consideration along with a copy of your resume or civil service application (whichever is applicable). Additionally, please print and complete ALL sections of this application.

A. PERSONAL INFORMATION

1. Name: _____
   Last First Middle
2. Address: _____
   Street & Number City State Zip
3. Telephone Numbers: (___)___-_____ or (___)___-_____
   (Cell Phone) (Other)
4. E-mail: _____
5. Position Desired: _____
5. Social Security #: _____-_____-_____
6. N.Y.S. Retirement System Member? YES _____ NO _____
   If yes, indicate Member Number: _____ and Tier #: _____
7. Have you ever been convicted of a felony or crime? YES _____ NO _____
   If yes, please explain _____
   _____
8. Are you a United States citizen? YES _____ NO _____
9. Emergency Contact: _____
   Name Relationship Phone Number

B. CERTIFICATION

Please list all certifications, and indicate if the certification is pending.

10.

State	Date Issued	Date Expires	Certification Area	Type of Certification (Provisional, Permanent, etc.)	Certificate #

C. EDUCATIONAL PREPARATION

11.

College Name – Undergraduate Degree	Dates Attended	Nature of Studies Major Minor	Degree	Date Granted

(Original transcripts must be submitted to the District Office.)

12.

College Name – Graduate Degree	Dates Attended	Major Specialization	# of Credits	Degree	Date Granted

(Original transcripts must be submitted to the District Office.)

13. Miscellaneous Graduate Work – Summarize work beyond the highest degree earned or graduate work not leading to a degree. Include college name, number of credits earned and dates of attendance.

(Original transcripts must be submitted to the District Office.)

D. EDUCATIONAL WORK EXPERIENCES

List most recent experience first. If substitute teaching, please indicate as such.

14.

Dates From-To	Name & Address *(city & state)* of School District	Nature of Position *(i.e., grade level, subject, substitute, etc.)*	Total Years

E. RELATED WORK EXPERIENCE

(Business, Trades, Summer Occupations)

15.

Dates From –To	Company Name	Nature of Work	Relation to Position Desired

F. PRIOR TENURE RECORD

16. All applicants must complete and sign the statement in order to assure compliance with provisions of Section 3012, Subdivision 1, 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 Tenure Conferred)

_____ _____
Your Signature Today's Date

G. REFERENCES

Enter the following information for two persons who have closely observed your work as a professional. Do NOT leave any box blank.

17.

Name	Title	Organization	Telephone
1.			
2.			

H. APPLICANT'S STATEMENT

Give any additional information, which you think, might be of value in applying for this position (i.e., interests and hobbies, related experience, philosophy, travel).

18. _____

_____

_____

_____

19. Applicant's Signature _____ Date _____

EMPLOYMENT AT THE ATTICA CENTRAL SCHOOL IS OPEN TO ALL PEOPLE, REGARDLESS OF SEX, RACE, COLOR, CREED, NATIONAL ORIGIN OR HANDICAPPING CONDITIONS.