

**HARTFORD CENTRAL SCHOOL DISTRICT**

4704 State Route 149, PO Box 79

Hartford, New York 12838

Phone (518) 632-5931



**EMPLOYMENT APPLICATION**

**■ GENERAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

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

Present Address \_\_\_\_\_ Permanent Home Address \_\_\_\_\_

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

Until \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

**■ POSITION PREFERENCE**

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

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 teaching certification ever been terminated or temporarily suspended pursuant to a part 83 hearing?  Yes  No If yes, please explain on a separate sheet.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?  Yes  No If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country  Yes  No

**Upon employment you will be asked to produce identification in accordance with the immigration reform and control act of 1985.**

The Hartford Central School District is an equal opportunity employer. Non-Discrimination Notice: The Hartford Central School District does not discriminate on the basis of race, color, national origin, creed, sex, age, handicap, 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. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specificatins, or discrimination in connection with those listed areas. The Compliance Office for Title IX and Section 504 can be contacted through the Building Principal, Hartford Central School District, PO Box 79, 4704 State Route 149, Hartford, New York 12838.

**■ EDUCATIONAL PREPARATION**

Do you have a High School or Equivalency Diploma?  Yes  No

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

**Student Teaching**

Dates	Name & Location of School	Subject or Grade Level	Cooperating Teacher

**■ 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

**■ 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 personnel 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.

**■ CERTIFICATION INFORMATION (continued)**

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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**■ 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		
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