

**HIGHLAND CENTRAL SCHOOL DISTRICT
HIGHLAND, NEW YORK 12528**

APPLICATION FOR PROFESSIONAL EMPLOYMENT

OFFICE OF THE SUPERINTENDENT, 320 PANCAKE HOLLOW ROAD, HIGHLAND, NEW YORK 12528
ATTENTION: PERSONNEL
TELEPHONE: 845-691-1014

(All applications will be kept on file for a period of one year from date of receipt)

Position _____ **Date Available** _____

PERSONAL DATA

Name: _____				
Last	First	Middle		
Present Address: _____			Telephone: _____	
Street	City	State	Zip	
Permanent Address: _____			Telephone: _____	
Street	City	State	Zip	
Social Security Number: _____		Retirement Number: _____		
Present Occupation & Employer: _____			Current Salary: _____	

CERTIFICATION

A. New York State Certificates:

TITLE	EFFECTIVE DATE	PROFESSIONAL	INITIAL	NO.

B. If you are not certified, have you applied for certification? _____

To Whom? _____ When? _____ Deficiencies: _____
(Credits)

TEST STATUS:

_____ Test / Date Taken / Score _____ Test / Date Taken / Score _____ Test / Date Taken / Score

EDUCATION PREPARATION (Chronological Order)

HIGH SCHOOL/COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	DEGREE EARNED	DATE CONFERRED	MAJOR	MINOR

Number of Graduate Credits beyond BA (if you do not hold a Master's Degree) _____

Number of Graduate Credits beyond MA (if you do not hold a Ph.D. or Ed.D.) _____

STUDENT TEACHING EXPERIENCE

SCHOOL	ADDRESS	DATES	SUPERVISING TEACHER

TEACHING / ADMINISTRATIVE EXPERIENCE (Chronological Order)

SCHOOL AND DISTRICT	ADDRESS	DATES FROM TO	GRADE/SUBJECT	REASON FOR LEAVING

TENURE IN PRIOR DISTRICTS

DISTRICT	ADDRESS	APPOINTMENT DATE	TENURE AREA

NON-TEACHING EXPERIENCE

FIRM OR ORGANIZATION	ADDRESS	DATES	POSITION

Are you a citizen of the United States? YES _____ NO _____

Have you ever been convicted of a crime? _____

If yes, give details: _____

Fingerprinting is required of all district employees per 2001 SED Regulations. Have you been fingerprinted under these new regulations? YES _____ NO _____

Have you ever been brought up on 3020A charges? YES _____ NO _____

If yes, what was the outcome of the charges? _____

What was the reason for the 3020A charge? _____

REFERENCES

List **three**; especially immediate supervisors, others may include cooperating teachers, colleagues and central office staff.

NAME	OFFICIAL POSITION	ADDRESS (Include Zip Code)	TELEPHONE

FOR SCHOOL DISTRICT USE ONLY

REFERENCE CHECK

This section to be completed by immediate supervisor

1. _____ Date _____ Comments: _____

Name of Reference

Date

Comments:

2. _____ Date _____ Comments: _____

Name of Reference

Date

Comments:

3. _____ Date _____ Comments: _____

Name of Reference

Date

Comments:

Signature of person making reference check

Date

CANDIDATE'S STATEMENT

It is suggested that the candidate use this page to comment briefly on any other experience or special ability, which may contribute to your success, if you are selected for the position for which you have applied. Any additional information that will assist the administrators of the Highland Central School District to more accurately determine your qualifications is also welcome.

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct.

I understand that any false statement made on this application, or withheld information pertinent to my candidacy constitutes grounds for immediate dismissal.

Signature: _____ Date: _____