Bridgehampton Union Free School District

PO Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932
Telephone: (631) 537–0271 Facsimile: (631) 537-9038

PLEASE NOTE: A COMPLETED APPLICATION PACKET SHOULD INCLUDE:

- Completed application
- Cover letter
- Copy of Certification(s)
- Copy of Transcripts
- Letters of Reference
- Resume

APPLICATION ONLINE FORM
This document has been created in Adobe Acrobat™.

Please fill in the spaces by typing the pertinent information and tabbing from field to field.

This form may then be printed and submitted with other required items.

I. POSITION: Date: _____

Teaching: _____

Teaching Assistant: _____

Administrative: _____

II. PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

Telephone #: Home (631) - Work: (631) - Cell: (631) -

Social Security Number: - - TRS Retirement No. : _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, Explain: _____

---------- **FOR OFFICE USE ONLY**----------

☐ Completed Application/cover Letter
☐ Copy of certification (s)
☐ Two letters of reference
☐ Transcripts
☐ W-4
☐ Reference Check
☐ Interview
☐ IT-2104
☐ I-9 Verification

Date: Initials:

Comments:

---------- **FOR OFFICE USE ONLY**----------

III. Certification/License

I hold the New York State Teaching/Administrative Certificate (s) described below (provide copies): _____

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☐ Permanent ☐ Provisional

Certificate of Qualification: _____ Date Issued: _____

☐ Permanent ☐ Provisional

Certificate of Qualification: _____ Date Issued: _____

If you do not have a New York State Teaching Certificate, have you filed an application for one?

☐ Yes ☐ No

Do you have an evaluation of your NYS certification status? ☑ Yes ☐ No

If yes, please enclose a copy.

Other licenses held: Type: _____ Issued By: _____

IV. EDUCATIONAL PREPARATION

High School: _____

Course of Study: _____

Year of Graduation: _____

Undergraduate College: _____

Course of Study: _____

Degree: _____

Year of Graduation: _____

Graduate College: _____

Course of Study: _____

Degree: _____

Year of Graduation: _____

Vocational/Technical/ Trade: : _____

Course of Study: _____

Degree: _____

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Year of Graduation: _____

V. TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first, include any substitute or part time teaching, and indicate as such

Employer's Name and Address: _____

Specific Nature of Position: _____

Reason for Leaving: _____

VI. Tenure Status:

Were you ever granted tenure in a public school or Board of Cooperative Educational Services in New York State? ☐ Yes ☐ No

If yes, Tenure Area: _____ Effective date: _____

Were you ever dismissed from the school district of Board of Cooperative Educational Services conferring tenure pursuant to Education Law section 3020-a? ☐ Yes ☐ No

Name and address of school district or Board or Cooperative Educational Services where tenure was granted:

_____

VII. PROFESSIONAL ORGANIZATIONS, HONORS, SKILLS AND ABILITIES:

_____

VIII. REFERENCES:

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who may be contacted for personal or professional reference.

1. Name: _____ Position: _____ Phone: (631) -

Address: _____

2. Name: _____ Position: _____ Phone: (631) -

Address: _____

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3. Name: Position: Phone: (631) -

Address:

4. Name: Position: Phone: (631) -

Address:

May we contact your present employer?: ☐ Yes ☐ No

May we contact your former employer(s)?: ☐ Yes ☐ No

Present Employer Contact Name:

Former Employer Contact Name: