APPLICATION FOR EMPLOYMENT Germantown CSD District Office 123 Main Street Germantown, New York 12526 518-537-6281 ext. 302 518-537-6283 (fax)						
New York State Law prohibits discrimination on the grounds of race, color, creed, sex, national origin, age, disability, or marital status. Germantown Central School District is an equal opportunity employer.						
Date: Position Applied For:						
Name:						
Street Address:						
City: State: Zip Code:						
Home Phone Number: Cell Phone Number:						
Email: Social Security Number:						
Are you a United States citizen? Yes No						
If no, do you have a legal right to work in the U.S.? Yes No						
When will you be available for a position in Germantown?						
Can you come for a personal interview in Germantown?						
Desired Salary: \$						
Are you interested in Home Tutoring? Yes No						
<b>Background Investigation:</b> Applicants will be required to undergo a State and national criminal history background investigation, which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.						
Have you ever been convicted of a crime (felony or misdemeanor), not including any violation or infraction?						
Yes No						
If yes, describe in full						
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Dates	Name, Address & Telephone Number of Employer	Rate of Pay	Supervisor's Name & Title	Reason for Leaving
To:		Start:		
From:		Finish:		
Describe	in detail the work you did:			
Dates	Name, Address & Telephone Number of Employer	Rate of Pay	Supervisor's Name & Title	Reason for Leavin
То:		Start:		
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Describe	in detail the work you did:			
Dates	Name, Address & Telephone Number of Employer	Rate of Pay	Supervisor's Name & Title	Reason for Leavin
To:		Start:		
From:		Finish:		
Describe	in detail the work you did:			

Beginning with high school, list All schools or institutions (name & address)	No. of years attended	Course or Major	Graduated (yes or no)	Diploma or Degree
he space below is for more detailed informa nusual teaching experiences, participation ir stimate or your training, experience, charact	activities in a			
<b>For Teaching, Teaching</b>	Assistants, an	a Administrative Po	<u>sitions Only</u>	
CERTIFICATION:	Vac	No. In Droom	20	
Do you have a New York State Certificate?			SS	
Permanent: Initial:	Professional	:		
Date received: Te	eacher Identifi	cation Number:		_
Subject Area/Grade Level:				
Ceacher Number issued by NYSED:				
Have you ever been tenured in another school	l district? Yes	s No		
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Name	Relationship:		ission for us to call o Address	Telephone No.	Years Known
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divulging the information result of employment with I also agree to such exami required and agree, if emp	the Germantown C	Central Sch town Cent Ill regulation	ool District. ral School District de ons of the Germantow	signated physician as ma	iy be
Signature:		Date:			
			E USE ONLY CE CHECK		
Name/Title	Relati	onship		Comments	