

HARBORFIELDS CENTRAL SCHOOL DISTRICT 2 Oldfield Road, Greenlawn, NY 11740

Date:

PROFESSIONAL APPLICATION

POSITION PREFERENCE

ELEMENTARY		MIDDLE SCHOOL	SECONDARY	OTHER
🗖 K-2	3 -5	G 6-8	9-12	e.g., Guidance, Psychologist,
				Administrative/Supervisory, Substitute
		Subject:		Specify:

PERSONAL INFORMATION

Name:				
La		First	Ν	۱iddle
Other name(s):				
		-	arding change of name, sue	
	which is necessary to	enable a check	of your work or school rec	ords.)
Present Mailing Address:				
Street:				
City:		Stat	e:	_ Zip:
Telephone No.:		So	cial Security No.:	
Have you ever been dismis	sed from a position?	Yes 🗖 No 🗖	If "Yes" please explain	
Have you ever been convid	cted of a crime?	Yes 🗖 No 🗖	If "Yes" please explain	
Have you been fingerprint	ed for the N.Y.S. Educa	ation Departme	ent? Yes 🖬 No 🖵	

CERTIFICATION (if pending, please indicate)

STATE	CERTIFICATE TYPE Provisional/Initial Permanent/Professional	DATE EXPIRES	SUBJECT VALIDITY	CERTIFICATE NO.

The Harborfields Central School District, Greenlawn, New York 11740 does not discriminate on the basis of race, color, national origins, religion, age, disability, marital status, sex, or sex orientation in its educational programs or employment.

EDUCATIONAL PREPARATION

DATES MO/YR FROM/TO	NATURE OF S		DIPLOMA	DATE
-	MAIOR			
	MAJOR	MINOR	OR DEGREE	GRANTED
DATES	MAJOR	NUMBER	DEGREE	DATE
MO/YR	SPECIALIZATION	OF		GRANTED
FROM/TO		CREDITS		
DATES	Indicate major	NUMBER		
-	•	OF		•
FROM/TO	if possible	CREDITS	degree-speci	fy area)
-		-	-	
A A-	B+ B B-	C+ C	C-	
Graduate: Circle scholastic average:				
A A-	B+ B B-	C+ C	C-	
	MO/YR FROM/TO DATES MO/YR FROM/TO Undergradu A A- Graduate: (MO/YR FROM/TO DATES MO/YR FROM/TO Indicate major concentrations, if possible Undergraduate: Circle scholast A A- B+ B B- Graduate: Circle scholastic ave	MO/YR FROM/TOSPECIALIZATION CREDITSOF CREDITSDATES MO/YR FROM/TOIndicate major concentrations, if possibleNUMBER OF CREDITSUndergraduate: Circle scholastic average of A A- B+ B B- C+ CGraduate: Circle scholastic average:	MO/YR FROM/TO SPECIALIZATION OF CREDITS DATES MO/YR FROM/TO Indicate major concentrations, if possible NUMBER OF CREDITS ADDITIONAL INF (Credits earne degree-speci Dates and CREDITS Undergraduate: Circle scholastic average of all college work: A A- B+ B B- C+ C C- Graduate: Circle scholastic average:

EDUCATIONAL EXPERIENCE

List most recent experience first. Include any substitute teaching, and indicate as such.

DATES FROM/TO	NAME AND LOCATION OF SCHOOL	NATURE OF P (i.e., grade level, s		TOTAL YEARS	ANNUAL SALARY (IF FULL TIME POSITION)
Student Teaching	: If fewer than 3 years of regula	r full-time employment	, include student	teaching exp	berience here.
YEARS FROM/TO	NAME AND LOCATIO	N OF SCHOOL	SUB.	IECT OR GRA	ADE LEVEL
20 20					
2020					

RELATED PROFESSIONAL EXPERIENCE

List all professional organizations, activities, etc. to which you belong or have experienced which are relevant to your ability to perform the job sought.

OTHER WORK EXPERIENCE

List business, trades, and summer occupations.

DATES FROM/TO	FIRM OR INSTITUTION ADDRESS	NATURE OF WORK	FULL-TIME EMPLOYMENT	SUMMERS, VACATION PERIODS, ETC.
1.				
2.				
3.				

PRIOR TENURE RECORD

ALL APPLICANTS MUST COMPLETE AND SIGN THE STATEMENT IN ORDER TO ASSURE COMPLIANCE WITH PROVIDIONS OF SECTION 3012, SUBDIVISION1, OF THE EDUCAITON 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:	Tenure Area:					
(Name of S	DCES) (Date Tenure Conferred)					
Your Signa	ture	Today's Date				

UNITED STATES ARMED SERVICES RECORD

BRANCH	HIGHEST RANK	TOTAL	Did you receive a dishonorable discharge? Yes 🖵 No 🖵
		MONTHS	Please enter the exact character of your discharge:
			If less than "honorable", attach an explanation.
			Note: A dishonorable discharge is not an absolute bar to employment.

REFERENCES

Give the names of three persons who have closely observed your work as a professional or as a student. Do not include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will include student teaching supervisor's recommendation.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER		
1.					
2					
2.					
3.					
4.					
List college placement office where your confidential record may be obtained.					
May we contact your employer at this time? Yes 🛛 No 🖵					

APPLICANT'S STATEMENT

In your own handwriting, provide any additional information which you think might be of value in our considering you for a position.

My signature below authorizes the Harborfields Central School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Harborfields Central School District and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed by the Harborfields Central School District.

Signature of Applicant: _____