



Willsboro Central School
PO Box 180, 29 School Lane
Willsboro, New York 12996
Phone: 518-963-4456 Fax: 518-963-7577
www.willsborocsd.org

INSTRUCTIONAL APPLICATION

Position Applying For

Personal Information

Full name: _____ Phone number: _____
Street Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Social Security: _____

Certifications (List All — If pending, please indicate)

1 State: _____ Date Issued: _____ Date Expires: _____ Certification Number: _____
Certification Area: _____ Type of Certification: _____

2 State: _____ Date Issued: _____ Date Expires: _____ Certification Number: _____
Certification Area: _____ Type of Certification: _____

3 State: _____ Date Issued: _____ Date Expires: _____ Certification Number: _____
Certification Area: _____ Type of Certification: _____

Graduate Education

1 College: _____ Location: _____ Major: _____
Credits: _____ Degree: _____ Date Granted: _____

2 College: _____ Location: _____ Major: _____
Credits: _____ Degree: _____ Date Granted: _____

Undergraduate Education (Including high school)

1 School: _____ Location: _____ Dates: _____
Major: _____ Degree: _____ Date Granted: _____

2 School: _____ Location: _____ Dates: _____
Major: _____ Degree: _____ Date Granted: _____

3 School: _____ Location: _____ Dates: _____
Major: _____ Degree: _____ Date Granted: _____

Educational Work Experience (List most recent first)

1 School: _____ Position: _____
Dates: _____ Supervisor Name/ Phone Number: _____

2 School: _____ Position: _____
Dates: _____ Supervisor Name/ Phone Number: _____

3 School: _____ Position: _____
Dates: _____ Supervisor Name/ Phone Number: _____

4 School: _____ Position: _____
Dates: _____ Supervisor Name/ Phone Number: _____

Other Work Experience

1 Organization: _____ Position: _____ Dates: _____
Supervisor's Name: _____ Phone Number: _____

2 Organization: _____ Position: _____ Dates: _____
Supervisor's Name: _____ Phone Number: _____

Prior Tenure Record

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, of Education Laws of the State of New York)

Have you ever received TENURE in any school district or board of cooperative services (BOCES)?

YES _____ NO _____ If yes, please indicate _____
(School District) (Date)

Have you ever been denied tenure in any school district or board of cooperative services (BOCES)?

YES _____ NO _____ If yes, please explain _____

(Applicant's Signature)

(Date)

General Information

Are you a NYS Teacher's Retirement System member?

YES _____ NO _____ If yes, please indicate number _____

Have you ever been dismissed from a position or resigned prior to being dismissed?

YES _____ NO _____ If yes, please explain _____

Have you ever been convicted of crime?

YES _____ NO _____ If yes, please explain _____

Are you a U.S. citizen? YES _____ NO _____

New York State School law requires that all personnel must be fingerprinted for employment and processed through Morpho Trust by going to their website at www.indentogo.com (instructions attached.)

The fee for fingerprinting is \$101.75.

Have you ever been fingerprinted? YES _____ NO _____

(If NO, you will be contacted regarding fingerprinting procedures.)

References

(Give names of three persons who have closely observed your work as a professional. References by present and former superintendents, principals and other supervisors are preferred in the case of experienced candidates. New teachers should include student teaching supervisors.)

1 Name: _____ Position: _____ Address: _____
City, State _____ Phone Number: _____ Email: _____

2 Name: _____ Position: _____ Address: _____
City, State _____ Phone Number: _____ Email: _____

3 Name: _____ Position: _____ Address: _____
City, State _____ Phone Number: _____ Email: _____

The facts set forth on this application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I do hereby authorize representatives from Willsboro Central School District to contact my former employers. The purpose of this release is to permit the Willsboro Central School District to obtain information regarding my work history and job performance. I also authorize Willsboro Central School District to utilize the information obtained as a part of my application for employment.

(Applicant's Signature)

(Date)

Applications will be kept on file for ONE YEAR from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

It is the responsibility of the applicants to furnish college transcripts, placement folder, and three (3) current letters of recommendation.

Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap, or veteran status.