

TENURE STATUS

Did you ever receive tenure in a public school district in New York State? Yes No

If YES, complete the following:

Tenure area _____ Effective date _____

School district where tenure was granted:

_____ (name of school)

_____ (address of school)

EMPLOYMENT HISTORY

(List most recent experience first)

Educational (full-time experience only)

School & Location	Grade/Subjects	Dates To/From	Salary
1.			
2.			
3.			
4.			
5.			

Administrative

School & Location	Title Level	Dates To/From	Salary
1.			
2.			
3.			

Other (List most recent experience first)

1. _____
Employer & Location Dates To/From Salary

Duties _____

2. _____
Employer & Location Dates To/From Salary

Duties _____

3. _____
Employer & Location Dates To/From Salary

Duties _____

Educational Preparation

High School

School & Location	Major	Graduate?
1. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____		

College (undergraduate)

School & Location	Major	Degree
1. _____		
2. _____		

College (graduate)

School & Location	Major	Degree
1. _____		
2. _____		

Vocational/Technical Trade

School & Location	Degree
1. _____	
2. _____	

CERTIFICATION / PROFESSIONAL

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

	Area	Expiration Date
<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certification of Qualification	_____	_____
<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certification of Qualification	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

If certified in another state, please describe _____

REFERENCES

List the names of at least three (3) people who have closely observed your work as a teacher, administrator, student or employee:

Name	Address	Telephone	Position
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

SPECIAL INTEREST AREA

Check the activities that you can direct or coach successfully:

- Adult Education Band/Chorus Dramatics/Musicals Student Government Student Publications
 Clubs _____ Sports _____

Describe any other information or experience in a hobby or special interest areas that may assist our evaluation of you as a candidate. _____

OTHER INFORMATION

The format of this application may make it difficult for an individual to adequately summarize their background. To assist us, use the space below to include any additional information necessary to describe your full qualifications, including substitute teaching. This section provides you with an opportunity to describe casual skills and/or abilities that might help the reader select you as a finalist for a district position. (Use a separate sheet, if necessary.)

Please provide a complete, official transcript and a copy of your placement file or letters of recommendation.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification will be sufficient cause for disqualification or dismissal, if employed.

I also understand that the Barker Central School District will make an extensive inquiry into my background and experience. I hereby release from any liability anyone giving information about me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. I further understand that all information gathered by the school district about my application will not be released to me unless required by federal or state statutes or regulation.

Date _____ Signature _____

This application will remain on active status for one year from the date of the application.