



Application for Professional Employment

POSITION BEING APPLIED FOR:

Date: _____

- Full time teaching
- Substitute teaching
- Administration/Other

Grade Level Preference: _____ Subject/Area: _____

Date available for employment: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial Prior Name (s)

Address: _____
Number & Street City State Zip

Phone Number: _____

PERSONAL BACKGROUND HISTORY:

Have you ever been convicted of a crime, excluding minor traffic offenses? YES NO
If yes, please explain. Conviction of an offense is not an automatic bar to employment. All circumstances will be considered, including the nature of the crime and length of time since conviction.

Are there any criminal charges or proceedings pending against you? YES NO

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? YES NO

Are you legally authorized to work in the United States? YES NO

Have you every served in the Armed forces of the United States of America? YES NO

Please list any persons currently serving on our Board or working for us who are related to you:

CERTIFICATION(S): I hold the New York State Teaching/Administrative Certificate(s) Described Below:

| Type | Area | Exp. Date |
|------|------|-----------|
| | | |
| | | |
| | | |

If you do not hold a New York State Teaching Certificate, have you made an application for one? YES NO

If you are certified in another *state, or name* please describe:

Are you a member of the NYS Teachers' Retirement System? YES NO

Membership Number: _____ Date Membership Began: _____

EDUCATION:

| School | Name and Address of School | Major/Minor | Did you Graduate? | Diploma or Degree |
|----------------------|----------------------------|-------------|-------------------|-------------------|
| High School | | | | |
| Undergraduate Study | | | | |
| Other Undergraduate | | | | |
| Graduate Study | | | | |
| Other Graduate Study | | | | |
| Other | | | | |

STUDENT TEACHING/INTERNSHIP:

| School | Name and Address of School | Area of Specialization | Cooperating Teacher |
|--------|----------------------------|------------------------|---------------------|
| | | | |
| | | | |

May we contact your placement supervisor? ___ Yes ___ No
 If any Student Teaching/Internship was under a different name, indicate name _____

EMPLOYMENT: (Begin with most recent) Your work experience is an important factor in finding a position for which you are well suited. List your employment starting with your most recent position. Include military service in the U.S. Armed Forces. Do not exclude any employment. If you need more space, attach a resume or additional sheet.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

| DO YOU AUTHORIZE INQUIRY ABOUT YOU FROM PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE () _____ | | | | | |
|--|------------------------------|------------------------|--------------------------------------|----------------|--|
| DATES | NAME AND ADDRESS OF EMPLOYER | POSTION AND SUPERVISOR | LIST MAJOR DUTIES & RESPONSIBILITIES | WAGES | REASON FOR LEAVING |
| FROM Month/Year | | JOB TITLE | | STARTING \$ | <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER REASON: |
| TO Month/Year | | SUPERVISOR'S NAME | | FINAL \$ | |
| | | TELEPHONE NUMBER | | Per | |
| FROM Month/Year | | JOB TITLE | | STARTING \$ | <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER REASON: |
| TO Month/Year | | SUPERVISOR'S NAME | | FINAL \$ | |
| | | TELEPHONE NUMBER | | Per | |
| FROM Month/Year | | JOB TITLE | | STARTING \$ | <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER REASON: |
| TO Month/Year | | SUPERVISOR'S NAME | | FINAL \$ | |
| | | TELEPHONE NUMBER | | Per | |
| FROM Month/Year | | JOB TITLE | | STARTING \$ | <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGED <input type="checkbox"/> OTHER REASON: |
| TO Month/Year | | SUPERVISOR'S NAME | | FINAL \$ | |
| | | TELEPHONE NUMBER | | Per | |

TENURE STATUS:

Have you ever received tenure in a public school district in New York State? YES NO

If YES, please complete the following:

Tenure Area: _____ Effective Date: _____

Name and Address of School District where tenure was granted:

- Have you ever failed to be re-appointed to any position? YES NO
 - Have you ever been denied Tenure? YES NO
 - Have you ever resigned from any employment at the request of any employer to avoid denial of tenure, discharge, or any other disciplinary action? YES NO
 - Have you been terminated from any employment or asked to resign to avoid termination or discipline? YES NO

 - Have you ever been employed by this school before? YES NO
 - If so, please indicate dates: _____
-
-

REFERENCES:

Give the names of three references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are recommended.

| Name | Title | Address | Phone Number |
|------|-------|---------|--------------|
| | | | |
| | | | |
| | | | |

PERSONAL STATEMENT: Use the space provided to include information that you believe would enhance your candidacy. (If more space is needed, please attach a separate sheet of paper.)

Applicant Consent to investigate and disclose date:

I, _____ (print name) hereby grant permission to The Charter School for Applied Technologies, (CSAT) to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled to fully investigate my background.

My signature below authorizes the school 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 education institutions, personal references, professional information, and without limitations herby releases the school and reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application of all five (5) pages and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause of my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold CSAT and its officers, agents, and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the district in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to and follow all the districts rules and regulations.

Pursuant to New York State law, I agree to sign any additional forms of consent and/or or to undergo any additional procedures required by District, NYSED, NYS, DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee to NYSED any other fees required to so effectuate this process.

This employment application may not be kept on file for more than six (6) months from the date of submission. Employment is contingent upon acceptable result of fingerprinting clearance and Board of Trustees approval.

Signature of Applicant

Printed Name of Applicant

Date