Putnam Central School

Employment Application

	Date:		
	POSITION PREFERE	NCE	
Teaching	Substitute Teaching	Non-Teaching	
	PERSONAL INFORMA	ATION	
Name			
Address:			
	Tel	l:	
Mailing Address (if diffe	erent):		
Social Security Number:	ocial Security Number: Retirement Number:		
Are you a U.S. Citizen? a citizen? Yes No _	•	ou filed a declaration of intention to become	
Have you ever been conv	victed of a crime? Yes No	If yes, please explain.	
	CERTIFICATION/LIC	ENSE	
I hold the New York Star	e Teaching/Administrative Certificat	e(s) described below: (provide copies)	
	AREA	DATE	
Permanent			
Provisional			
Certificate of Qualificati	on		
If you do not have a New Yes No	York State Teaching Certificate, have	ve you made application for one?	
Other licenses held:	type and issuing authority		

TEACHING EXPERIENCE

Most recent experience first. Include any substitute or part time teaching.

Dates Employed	Employers Name & Address	Specific Nature of Position	Reason for Leaving
		OTHER WORK EXPERIE	NCE
	<u>'</u>	JIHER WORK EAFERIE	<u>NCE</u>
Date Employed	Employers Name & Address	Specific Nature of Position	Reason for Leaving
		TENURE STATUS	
Were you every		a public school district in I	New York?
If west nlease	complete the following:		
			Effective Date
•	er dismissed from the sci	hool district conferring tenu	re pursuant of Education Law section
Name & Add	ress of school district w	here tenure was granted:	

EDUCATIONAL PREPARATION

Name & Location Of School	Dates Attended	High School Nature of Studies	Degree	Date Granted
	<u>C</u>	COLLEGE (UNDERGRA	ADUATE)	
Name & Location of School		Nature of Studies		Did you graduate?
		COLLEGE (GRADU	ATE)	
Name & Location of	School	Nature of Studies		Did you graduate?
				-
	<u>VC</u>	CATIONAL/TECHNIC	AL/TRADE	
Name & Location of	School			

		ATIONS, MEMBERSHIPS, HONORS th indicates the race, creed, color or national origin of
,		
		AND ABILITIES ing, ability to sign)
	<u>REFER</u>	ENCES
		our professional training, ability, experience and elephone number of your last supervisor.
Name	Position	Address & Phone Number
PLACEMENT FO	LDER MAY BE SECURED FRO	M: (Name and Address)

APPLICANT'S STATEMENT

(Give any additional information that you think might be of value in considering you for a position).
I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.
Applicant's Signature
Date
Return application by mail to:

Superintendent of Schools 126 County Route 2 PO Box 91 Putnam Station, NY 12861-0091