

WATERFORD-HALFMOON UNION FREE SCHOOL DISTRICT
125 Middletown Road
Waterford, New York 12188
Phone (518)237-0800 FAX (518)237-7335

Application for Employment

Position(s) desired in order of preference

1. _____
2. _____

Are you interested in substituting?

- On a daily call-in basis? _____
To fill a leave of absence? _____
Home instruction and/or tutoring? _____

Instructions

1. Complete all items on this application form. Print or type all information, unless otherwise requested. In addition you may include a resume.
2. Attach a hand written essay of no more than 250 words describing your teaching style and how it would benefit students in the Waterford-Halfmoon School District.

Present Salary: _____

NYS Teachers Retirement #: _____

Personal Data

Name _____
(Last) (First) (Middle)

Current Address _____

Permanent Address (if different) _____

Phone () _____ Social Security Number _____

This completed application along with a resume will be kept on file for one year in anticipation of future vacancies.

The following items are necessary to complete the application process when applying for a specific vacancy:

- Placement Folder _____ Official Transcripts _____ Copies of Degrees _____
- Verification of Tenure _____ Verification of Past Employment _____ Three Letters of Reference _____
- Certification (originals required, copies to be made in the office)
- A listing of youth-related activities you would like to coach, direct or supervise

Professional Training High School, Colleges & Graduate Schools (beginning with most recent)					
Name & Address of Institution	From	To	Major	Semester Hours	Degree

Student Teaching or Internship (beginning with most recent)				
Name, Address & Phone Number of School	From	To	Subject/Grade	Immediate Supervisor

Have you received tenure in another school district? Yes No (circle one)
 If yes, please indicate the address and phone number of the district(s)

_____ Effective Date _____ Area _____
 _____ Effective Date _____ Area _____

Professional Experience
(beginning with most recent)

Name, Address & Phone Number of School	From	To	Subject/Grade	Immediate Supervisor	Reason for Leaving

Other Work Experience

Name, Address & Phone Number of Employer	From	To	Position or Nature of Work	Reason for Leaving

Certification Data					
Area/Grade Level	Type CQ, Prov. Perm.	Issuing State	Effective Date	Valid Until	Certification Number

References		
List references who would have knowledge of your qualifications for position		
Name	Address Phone Number	Organization/Position

Circle the appropriate response

Were you ever dismissed or discharged from any employment for reasons other than abolition of position?	Yes	No
Did you ever receive a discharge from the armed forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are you now under charges for any crime?	Yes	No

If you answered "yes" to any of the questions, above, you may give specifics in a separate statement. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment. It is the policy of the Board of Education to comply with the requirement of the Americans With Disabilities Act (ADA) which prohibits discrimination against people with disabilities and requires employers to make reasonable accommodations for qualified employees with disabilities. Any inquiries relative to the above should be directed to: Affirmative Action Officer, Waterford-Halfmoon School, 125 Middletown Road, Waterford, NY 12188.

Applicant's Signature _____
Date