



ONLINE APPLICATION SYSTEM FOR EDUCATORS
www.olasjobs.org

CERTIFICATED EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

Name: _____ Application Date: _____
 Email: _____
 Address: _____ Home Phone: _____
 Work Phone: _____
 Fax Number: _____
 New York State Retirement System Member: Yes__ No__ Present Salary: _____

PLACEMENT INFORMATION:

POSITION APPLYING FOR: _____
 DEPARTMENT: _____
 TYPE OF EMPLOYMENT: Full-time Part-time Temporary

CERTIFICATION INFORMATION:

Candidate is Certified by The National Board for Professional Teaching Standards?

<u>Area</u>	<u>Date Issued</u>	<u>Type</u>
(1)		
(2)		
(3)		
(4)		
(None)		

TENURE AREA:

Were you ever appointed to tenure in a public school district in New York State?

Area: _____ Date Granted: _____
 District: _____

EDUCATION:

High School/Equivalent Program Name, City State:

College/University

Business or Technical School: From: To: Degree: GPA Major/Minor

- a.
- b.
- c.
- d.
- e.
- f.

The number of credit-hours earned towards a graduate degree:

STUDENT TEACHING/INTERNSHIP EXPERIENCE:

Please list experiences in recognized preparation programs only.

School District:		Dates
Grade(s):	Subject(s):	From:
Supervisor:		To:
School District:		Dates
Grade(s):	Subject(s):	From:
Supervisor:		To:
School District:		Dates
Grade(s):	Subject(s):	From:
Supervisor:		To:

ADDITIONAL SKILLS: (Include those that are relevant to prospective jobs)

Languages: Fluent:

Piano:

Art:

Vocal:

Physical Education:

Extracurricular: Description:

Other:

CURRENT EMPLOYMENT INFORMATION:

School District:

Address:

Phone Number:

Date Available:

Position Held:

Start Date:

End Date:

YEARS OF EXPERIENCE (K-12):

Total Years:

Kindergarten:

Grades 1-3:

Grades 4-5:

Grades 6-8:

Grades 9-12:

ADMINISTRATIVE EXPERIENCE:

Total Years:

Elementary:

Middle School:

High School:

District:

OTHER EXPERIENCE IN EDUCATION:

Position:

Position:

School:

School:

Subject/Grade(s):

Subject/Grade(s):

Time:

Time:

Start Date:

Start Date:

End Date:

End Date:

Years:

Years:

Reason for leaving:

Reason for leaving:

Position:

Position:

School:

School:

Subject/Grade(s):

Subject/Grade(s):

Time:

Time:

Start Date:

Start Date:

End Date:

End Date:

Years:

Years:

Reason for leaving:

Reason for leaving:

OTHER WORK EXPERIENCE:

Employer:

Address:

From:

Position:

To:

Employer:

Address:

From:

Position:

To:

Employer:

Address:

From:

Position:

To:

REFERENCES:

Name: _____

Position: _____ Telephone: _____

Address: _____ Email: _____

Name: _____

Position: _____ Telephone: _____

Address: _____ Email: _____

Name: _____

Position: _____ Telephone: _____

Address: _____ Email: _____

Name: _____

Position: _____ Telephone: _____

Address: _____ Email: _____

Name: _____

Position: _____ Telephone: _____

Address: _____ Email: _____

BACKGROUND INFORMATION:

Veteran of U.S. Military: _____ Discharge Type: _____

Branch: _____ Discharge Date: _____

Have you ever been fingerprinted for the purpose of employment?
 If yes, where? _____ When? _____

Have you been cleared by NYSED for teaching?

Are you legally eligible for employment in this country? (requires two original forms of ID)

Have you ever been convicted of a crime? (felony or misdemeanor) If yes, see convictions section below.

Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?

Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?

Have you ever been disqualified for employment for any civil service position?

Have you ever been discharged or required to resign from any position (other than staff reduction layoffs)?

Have you ever been found guilty and/or have you ever pleaded guilty to disciplinary charges brought against you under Section 3020-a of the Education Law or Section 75 of the Civil Service Law?

Have you ever resigned as an alternative to facing charges or dismissal?

Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints, or medical record?

Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency as a result of your record?

Has a Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? (If yes, complete the confidentially held information below)

Date and nature of the finding: _____

Name of the court: _____

Name of the judge: _____

CONVICTIONS:

Charge:	Court:	Year:	Conviction:
(None)			

APPLICANT'S STATEMENT:

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize any participating school district for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize any school district to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

Applicant's Signature

Date

The BOCES and participating school districts do not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, veteran status, or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the respective school district.

If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

Applicant's Signature

Date