

INSTRUCTIONAL PERSONNEL OFFICE, JOHNSON CITY CENTRAL SCHOOL DISTRICT

666 REYNOLDS ROAD

JOHNSON CITY, NY 13790

www.jcschools.com, (607) 930-1110

EMPLOYMENT APPLICATION: *Teacher, Teaching Assistant, School Psychologist, Guidance Counselor, Social Worker*

IMPORTANT: Your application cannot be considered until we are in receipt of your credentials from your college, or letters of recommendation, and your transcripts. **THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. DO NOT WRITE COMMENTS SUCH AS "SEE ATTACHED RESUME" TO COMPLETE REQUESTED ITEMS.**

Position Seeking _____ *Daily Substitute? () Grade-Level Preference _____
 (subject, grade, certification area) (*If yes, see instructions on website for substitute teaching applications)

PERSONAL DATA

E-Mail Address _____

Name _____ Other Last Name? _____ Social Security No. _____
 Last First Middle Initial Other Surname by Which Known

Perm. Address _____ Cell No. _____ Home No. _____
 Street City State Zip

Present Position _____ Salary You Expect _____ Are you under contract? _____

CERTIFICATION INFORMATION

Certificate Title (Specific Area/ Grades if Applicable)	Indicate Initial/ Professional/ Provisional/ Permanent/ Pending	Date Issued	Expiration Date if Applicable	Issuing State

EDUCATION INFORMATION

College Name	Street/City/State/Zip	Dates Attended (from-to)	Degree Received and Date Granted	Major and Minor	Credits Earned

Specific scholastic honors:

TEACHING EXPERIENCE (List in chronological order beginning with most recent) (attach additional page if necessary)

Name and Address of School/ District	Subject and Grades Taught	Type of Position	Dates Employed (from-to)	Number of Full Years (Full-Time)	Public/ Private/ Higher Education?
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract Sub <input type="checkbox"/> Daily Sub			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract Sub <input type="checkbox"/> Daily Sub			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract Sub <input type="checkbox"/> Daily Sub			

NON-TEACHING EXPERIENCE

Employer	Street, City, State, Zip, Telephone	Nature of Work	Dates Employed

The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of actual or perceived race, color, national origin, creed, religion or religious practice, ethnic group, weight, gender (identity, expression), marital status, sex, age, sexual orientation, disability or predisposing genetic characteristics in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 USC 12111 et. seq. known as the Americans With Disabilities Act or §504 of the Rehabilitation Act of 1973 and New York State Human Rights Law, and as mandated by the Dignity for All Students Act. Any complaints concerning an alleged violation of this policy will be processed pursuant to the District's Antidiscrimination Regulation. The District compliance officer is Eric Race; 666 Reynolds Road; Johnson City, NY 13790; (607) 763-1226.

STUDENT TEACHING EXPERIENCE

Name and Address of School/ District	Subject Area/ Grade Levels	Names of Cooperating Teachers	Home and Work Telephone Numbers For	Dates of Experience

PROFESSIONAL REFERENCES

Department heads, coordinators, principals, managers, etc., under whom you have worked or taught; list most recent first.

	Reference 1	Reference 2	Reference 3
Name of Reference			
Position of Reference			
Name and Address of Company or School/ District			
Dates of Employment with this Reference			
Do you currently work with this reference?			
Telephone Numbers of Reference (list work, home, <u>include summer number</u>)			
If you did not list a current supervisor, please explain why:			

NOTE: PLEASE SEND COLLEGE CREDENTIALS FILE OR THREE+ LETTERS OF RECOMMENDATION WITH ORIGINAL SIGNATURES.

SPECIAL TALENTS

<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Singing/ Choir	<input type="checkbox"/> Poetry	<input type="checkbox"/> Dance	<input type="checkbox"/> Photography
<input type="checkbox"/> Odyssey of the Mind	<input type="checkbox"/> Theatre	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Technology
<input type="checkbox"/> Coaching/ Sport:	<input type="checkbox"/> Science Olympiad	<input type="checkbox"/> Other:		

STATEMENT OF PHILOSOPHY

Applications for permanent positions require that a statement of educational philosophy accompanies this application. Please consider questions at <http://www.jcschools.com/Departments/Personnel/teachers.html>

ADDITIONAL INFORMATION

- Yes No Are you a member of the New York State Teachers' Retirement System? Retirement Number _____
- Yes No Are you a member of any other public pension plan? Retirement Number or Public Pension Program _____
- Yes No Have you been granted tenure in a NY state public school? If yes, school district and date _____
- Yes No Have you been denied an appointment to tenure? If yes, school district and date _____
- Yes No Were your services ever terminated due to unsatisfactory or unprofessional activity? If yes, please explain _____

DECLARATION

"After a conditional offer of employment, I understand that a post-offer medical examination, BACKGROUND CHECK, FINGERPRINTING, and drug screen may need to be passed to the satisfaction of the Johnson City Central School District before starting work. I authorize investigation of any information provided on this application, or furnished elsewhere, as may be necessary in arriving at an employment decision. I hold harmless any school district or other employer, or individual furnishing information regarding my employment or personal background that may be used in connection with this application for employment. I understand that any misrepresentation or omission is cause for voiding this application or termination of employment if hired."

"I declare the above information is correct to the best of my knowledge."

Signature _____

Date _____