

Date Received: _____

EMPLOYMENT APPLICATION

Board of Education

City School District of the City of Fulton

"Helping students to become responsible, resourceful, respectful and productive citizens"

PERSONAL INFORMATION

Name _____
Last First Middle

Present Mailing Address _____ Phone () _____

_____ Zip _____ Business () _____

Previous Mailing Address _____

E-mail Address _____ Social Security Number _____ - _____ - _____

Are you a U.S. citizen? Yes No

If no, have you filed a declaration of intention to become a U.S. citizen? Yes No

Have you ever been terminated from employment or volunteer service? Yes No

If yes, please explain _____

Have you ever been convicted of a crime (other than a traffic violation)? Yes No

If yes, please explain _____

Drivers License # _____ State of Issue: _____

Do you have relatives working for the Fulton City School District? Yes No

Please list _____

POSITION PREFERENCE

Teaching / Administrative / Other Professional

Non-Instructional
(clerical, custodial/maintenance,
teacher aide, food service, bus driver)

Position _____

Position _____

Substitute Teaching

full time part time/substitute

Subject(s) _____

Building Preference _____

EDUCATIONAL BACKGROUND

| | | | |
|----------------------------|-----------------------|-------------------------------|--|
| | | <i>Graduate</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Name & Location</i> | <i>Major Subjects</i> | <i>GED</i> | <input type="checkbox"/> Yes |
| High School _____ | | Highest Grade Completed _____ | |
| <i>Name & Location</i> | <i>Major Subjects</i> | <i>Degree</i> | <i>Semester Hrs.</i> |
| College _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| College _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WORK EXPERIENCE (Please list most recent employment first.)

For teaching applicants, please include student teaching if completed within the last three years.

| Dates Employed | Employer and Address | Position (top line)/ Wage/salary (bottom) | Reason for Leaving |
|-------------------------|----------------------|--|--------------------|
| 1. _____ (from - to) | _____ | _____ | _____ |
| 2. _____ (from - to) | _____ | _____ | _____ |
| 3. _____ (from - to) | _____ | _____ | _____ |
| 4. _____ (from - to) | _____ | _____ | _____ |
| 5. _____ (from - to) | _____ | _____ | _____ |

OTHER SKILLS OR TRAINING

Summarize other job-related skills or training you have acquired. _____

U.S. MILITARY SERVICE

Branch _____ Years Served: From _____ To _____ Highest Rank _____

Are you an active member of a National Guard or Reserve Unit? Yes No

Type of Discharge _____

NOTE—This page applies only to applicants for teaching, pupil services, administrative or other positions requiring New York State certification.

CERTIFICATION

I hold the New York State Teaching or Administrative Certificate(s) described below (copy exact wording from certificate). Please enclose a copy.

| Certificate Type (Prov., Perm., other) | Certificate/License Number | Certification/License Area | Date Issued |
|--|-----------------------------------|-----------------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If holding a certificate from another state, please identify _____

Other licenses held (type and issuing authority)_____

If you do not hold a current N.Y.S. Certificate, but are pursuing certification please state specifically what steps you have completed and include verification with this application.

TENURE STATUS

Were you appointed to tenure in a public school district in New York State? Yes No

School District _____ Effective Date _____

Were you ever dismissed from a school district as a result of an Education Law Sec. 3020-a process?

Yes No If yes please explain _____

Did you ever resign from a school district in lieu of being terminated?

Yes No If yes please explain _____

WRITTEN STATEMENT

Please submit a statement of no more than 200 words on a separate piece of paper which will help the district better understand your professional aspirations or philosophy of education.

REFERENCES

List four individuals having first hand knowledge of your professional training, ability, experience and personal character. Include the name, address and telephone number of each to contact for personal or professional reference.

| Name | Position | Address | Phone # |
|----------|----------|---------|---------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

May we refer to your present employer(s)? Yes No

ACTIVITIES & MEMBERSHIPS

Please include professional and scholastic organizations, but exclude any organization which might indicate the race, creed, color or national origin of its members.

Describe any additional information or comments you feel would be useful in evaluating your application. (e.g., avocations, foreign languages spoken, coaching experience or interests, community or volunteer work)

INDEMNIFICATION & AFFIRMATION

I understand that the school district will be making inquiries regarding my background and experience and I hereby release from any liability anyone giving information regarding me, whether specified in my application or not, so long as the information given is relevant to the duties for which I have applied. I understand that information gathered, in part or whole, may be shared with members of the school district involved in the employment process. I further understand that all information gathered by you regarding my application will be the property of the school district and will not be released to me unless required by a federal or state statute or regulation.

I hereby affirm under penalty of perjury that the information set forth in this application is true and complete to the best of my knowledge and belief, I understand that falsification or omission of information requested on this application is sufficient cause for disqualification of my application, or, if employed, for dismissal.

Signature of Applicant _____
Date

Please submit application and related correspondence to:

Fulton City School District
Personnel Office
129 Curtis Street
Fulton, NY 13069

Phone: (315) 593-5537 Fax: (315) 593-9206

The Fulton City School District does not discriminate in employment or in its educational programs and activities against qualified individuals with disabilities, nor on the basis of age, gender, gender identity, race, color, religion or national origin.