

Port Byron Central School District
30 Maple Avenue
Port Byron, NY 13140

APPLICATION FOR INSTRUCTIONAL POSITION

Date _____

Last Name First Middle Maiden

Present Address _____ () _____
Street City Zip Telephone

Daytime Phone () _____ At Present Address Until _____

Permanent Address _____ () _____
Street City Zip Telephone

CERTIFICATION

Certification for teaching in New York State: Provisional _____ Permanent _____

Date Issued _____ Social Security Number _____

List the grades or tenure area you are certified to teach exactly as they appear on your certificate:

Out of State Certificate (indicate State and type) _____

POSITION DESIRED

Elementary - indicate grades _____

Secondary - indicate subject and grades _____

Date available for employment _____

All credentials, including a copy of your current New York State teaching certificate, a college placement folder or its equivalent (resume, letters of reference, evaluations of teaching performance, transcripts, etc.) should be submitted with this application. Candidate to complete the application folder in order to receive consideration for extended employment.

Applications will remain on file for a six-month period. A written request is necessary to have this application extended for an additional six months.

The Port Byron Central School District is an equal opportunity employer and fully complies with federal, state, and local laws that prohibit discrimination in employment because of race, color, religion, national origin, age, sex, marital status or physical handicap. Applications must be filled out completely and accurately and mailed to Superintendent's Office, Port Byron Central School District, 30 Maple Avenue, Port Byron, New York 13140

EDUCATIONAL AND PROFESSIONAL PREPARATION

High School _____
Dates Attended _____
Degree or Diploma _____
Major Subject & Credit Hours _____
Minor Subject & Credit Hours _____

College _____
Dates Attended _____
Degree or Diploma _____
Major Subject & Credit Hours _____
Minor Subject & Credit Hours _____

College _____
Dates Attended _____
Degree or Diploma _____
Major Subject & Credit Hours _____
Minor Subject & Credit Hours _____

Grade received in student teaching _____ GPA in Major field _____
Cumulative college grade point average overall _____
Present plans to seek a high degree? _____ If yes, what area? _____

TEACHING EXPERIENCE

Start Date _____ Leave Date _____ Number of Years _____
Name of School & Location _____
Nature of Work _____

Start Date _____ Leave Date _____ Number of Years _____
Name of School & Location _____
Nature of Work _____

Start Date _____ Leave Date _____ Number of Years _____
Name of School & Location _____
Nature of Work _____

NON-TEACHING WORK EXPERIENCE

Start Date _____ Leave Date _____ Number of Years _____
Name & Address of Employer _____
Type of Position & Duties _____
Reason for Leaving _____

Start Date _____ Leave Date _____ Number of Years _____
Name & Address of Employer _____
Type of Position & Duties _____
Reason for Leaving _____

Start Date _____ Leave Date _____ Number of Years _____
Name & Address of Employer _____
Type of Position & Duties _____
Reason for Leaving _____

PHYSICAL RECORD

Were you ever seriously ill or injured? _____ Details _____
How many days of work or class did you miss last year? _____ Reasons _____

OTHER

What professional books have you read in the past year? _____
What professional magazines do you read regularly? _____
What leadership positions have you held in educational organizations? _____
In what civic and service organizations do you hold memberships? _____
What has been your professional improvement program for the past three years? _____
What are your plans for professional improvement in the future? _____

APPLICANTS with less than two years experience should answer the following:

What were your college activities (sports, clubs, music, etc.) _____
Have you received any honors or special recognition while in college _____

ALL applicants should answer the following:

If employed, will you participate willingly in PTO and other home/school activities? _____

If employed will you accept assignments to supervisor extra-curricular activities? _____

Indicate the types of extracurricular activities you would be able to supervise _____

What is your present annual salary? _____ Acceptable Salary _____

If there is something else about yourself you would like us to be aware of, please mention them in this space. Please feel free to include any inserts or additional information that might enable us to evaluate better your background, training or abilities. _____

REFERENCES

Name _____
Phone No. and Address _____
Official Position _____

Name _____
Phone No. and Address _____
Official Position _____

Name _____
Phone No. and Address _____
Official Position _____

STATEMENT OF APPLICANT

I authorize the Port Byron Central School District to contact my former employers and references. I certify that the above statements are true to the best of my knowledge and I understand that the making of any false statements may be considered sufficient cause for termination of employment. I release anyone who provides information and the Port Byron Central School District from any and all liability and responsibility by reason of their so doing. I also acknowledge that commitments made on this application and/or during the interview process are valued and binding upon me if employed.

Signature _____

OFFICE USE ONLY

Interviewed:
Principal _____ Date _____
Comments _____
Superintendent _____ Date _____
Comments _____