



HALDANE

Phil Benante, Ed.D, Superintendent of Schools
15 Craigsides Drive, Cold Spring, NY 10516 tel: 845-265-9254 www.haldaneschool.org

PROFESSIONAL APPLICATION

POSITION PREFERENCE

Date: _____

ELEMENTARY (K-5)

MIDDLE SCHOOL (6-8)

HIGH SCHOOL (9-12)

OTHER:

e.g., Teacher Aide,
Administrative/Supervisory,
Special Education,
Teaching Assistant

Grade Level: _____ Subject(s): _____

Specify Preference: _____

Specify: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Other Name(s): _____
Maiden name, change of name, etc.

PRESENT MAILING ADDRESS

PERMANENT MAILING ADDRESS

Street			Street		
City	State	Zip	City	State	Zip

Telephone #: _____ Cell Phone #: _____ E-Mail Address: _____

N.Y.S. Retirement System Member? Yes No If yes, please indicate number: _____

Have you been fingerprinted? Yes No If yes, where? _____ Date: _____

Are you a U.S. Citizen? Yes No If no, are you legally eligible to work? Yes No

Do you have any disability which would prevent you from performing, with or without accommodation, those activities involved in the position for which you are applying Yes No

CERTIFICATES

List all teaching and administrative certificates you hold; if pending, so indicate.

State	Date Issued	Date Expires	Subject Validity	Certificate Number

EDUCATIONAL PREPARATION

Name & Location of School	Diploma or Degree Earned		
High School			
Undergraduate College/University			
Graduate University	Area of Specialization	# of Credits	Degree
Graduate work completed beyond the highest degree earned or graduate work not leading to a degree.	Area of Specialization	# of Credits	Additional Information

Scholastic Honors _____

Undergraduate: Check scholastic average of all college work A A- B+ B C+ C C-

Graduate: Check scholastic average of graduate work A A- B+ B C+ C C-

PROFESSIONAL EXPERIENCE

List most recent experiences first. Do not omit any employment. Failure to provide a complete employment record will disqualify you from employment in the Haldane Central School District.

Dates From/To	Nature of Position (grade level, subject, etc.)	Total Years

Student Teaching: If fewer than 5 years of regular full-time employment, include student teaching experience here.

Years	Name and Location of School

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, addresses, publications, organizational membership, committee memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc.)

OTHER NON-TEACHING WORK EXPERIENCE

Dates	Firm or Institution	Nature of Work	Full-time Employment	Summers, Vacation Periods, Etc.

PRIOR TENURE RECORD

All applicants must complete and sign this statement in order to ensure compliance with provisions of Section 3012, Subdivision 1, of the Education Laws of the State of New York.

Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State? Yes No

If yes, please indicate _____
(Name of School District or BOCES) Address

(Date of Tenure) (Tenure) (Signature) (Today's Date)

UNITED STATES ARMED SERVICES RECORD

Dates <u>From/To</u>	Branch <u> </u>	Highest Rank <u> </u>	Total Months <u> </u>	<p><u>Did you receive a dishonorable discharge?</u></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SPECIAL SKILLS AND ABILITIES RELATED TO POSITION

MORAL CHARACTER

Please answer the following questions. If you answer "Yes" to any of the following questions, please attach a separate explanation.

1. Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct or due to performance concerns? Yes No

2. Are you the subject of any pending investigation and/or disciplinary charge(s) pertaining to employment? Yes No

3. Have you ever been convicted of a crime other than minor traffic violations? If yes, include the date, offense(s) and disposition in explanation below: Yes No

4. Do you currently have any criminal charges pending against you? Yes No

5. Have you ever had an application for a teaching, professional, or vocational credential (i.e., license, certificate, or registration) in New York or any other jurisdiction denied? Yes No

6. Have you ever surrendered a teaching, professional, or vocational credential (i.e., license, certificate, or registration) or had such credential revoked, suspended, invalidated, or otherwise subjected to a disciplinary hearing? Yes No

REFERENCES

Provide the names of three persons who have closely observed your work as a professional or as a student. **Do not** include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include practice teaching supervisor's recommendation.

Name of Reference	Position/Relationship	Email Address	Phone Number
1.			
2.			
3.			

My signature below authorizes the Haldane Central School District to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal and/or professional references, activity on social networking sites, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Haldane Central School District and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the Haldane Central School District.

Signature of applicant _____ **Date** _____