

NEW YORK STATE TEACHER CERTIFICATES and OTHER

(Please list all valid certifications):

Area or Subject	Date Issued	Number	Expiration Date
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EDUCATIONAL PREPARATION

Name of College(s)	Location	Degree(s)
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TEACHING EXPERIENCE

School	Location	Dates	Grade Level(s)
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OTHER EXPERIENCE

Name of Past Employer	City, State	Position/Title	Dates Employed
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MORAL CHARACTER

Please answer the following questions

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? Yes No
- If yes, include the date, offense(s) and disposition in your explanation below:

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

REFERENCES

Give the names of three persons who have closely observed your work as a professional or as a student. Recommendations by present and former superintendents, principals, or other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendations.

Name			
Title			
Employee Relationship			
Phone Number			
Email Address			

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 references, professional references, 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** _____