

CANDOR CENTRAL SCHOOL DISTRICT
Candor, New York

Teacher Applicant

The following should be included with your completed teacher application:

- College Placement Folder or Three (3) Confidential References
- Official Transcripts
- Copy of New York State Teacher Certificate
- Resumé

Please return completed application to:

Candor Central School District
Attn: Kathy Hinkle
1 Academy Street
P.O. Box 145
Candor, NY 13743

Email: employment@candorcs.org

TEACHING APPLICATION FORM

CANDOR CENTRAL SCHOOL
1 Academy Street
P. O. Box 145
Candor, New York 13743-0145
Tel.: 607-659-5010 / Fax: 607-659-7112

Date: _____

To the Applicant:

Thank you for your interest in our schools. Please complete and return this form to the District Office at the above address.

Social Security # _____ TEACH ID# _____

Name: _____
Last First Middle or Maiden

Mailing Address: _____
Street City State Zip

Telephone: _____
(Area Code and Number) (Alternate Phone or Cell Phone)

Email Address (you check regularly): _____

Position for Which You Are Applying

Priority Area: Subject, Grade, Class, etc.: _____

Certification/License

I hold the New York State Certificate(s) described below (please provide copies):

- | | | |
|---|--|---|
| <input type="checkbox"/> Permanent/Professional | <input type="checkbox"/> Provisional/Initial | Subject Area(s): _____ |
| | | Date issued or due: _____ Expires _____ |
| <input type="checkbox"/> Permanent/Professional | <input type="checkbox"/> Provisional/Initial | Subject Area(s): _____ |
| | | Date issued or due: _____ Expires _____ |

IF YOU DO NOT HOLD A NYS CERTIFICATE, HAVE YOU MADE APPLICATION TO THE NYSED FOR ONE? Yes No
If yes, date submitted and subject area(s): _____

FINGERPRINTING & CRIMINAL HISTORY BACKGROUND CHECK

Effective July 1, 2001, the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees to undergo a fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you completed this process resulting in the paperwork being submitted to NYS Education Department? Yes No

If yes, name the NYS educational institution that originated your most current fingerprinting and criminal history background check: _____ Date Performed: _____

Education and Professional Training

(fill in this section carefully and in detail)

Name & Address of Institution (high school, college, graduate work)	Date From/To	Total Time Spent	Total Semester Hours Credit	Degree or Diploma Received	Major Subject and Semester Hours Credit	Minor Subject and Semester Hours Credit

Experience in Teaching

(Do not include student teaching)

Location	School	Grade or Subject	Years	Dates To/From	Approx. # of Teachers in System

Student Teaching

(fill in this section if this is your only teaching experience)

Location	School	Grade or Subject	No. of Weeks

Tenure

Have you received tenure in another district? Yes No

If yes, please list the name of district.

Military Service

Branch	Nature of Work	No. of Years	Dates: To/From

Other Work Experience

Firm or Employer	City/State	Position Title	Dates: To/From

Briefly outline your educational philosophy:

List the activities in which you are or have been engaged which should contribute to your ability to work with children. Examples: High School band, church choir, clubs, sports, etc.

Briefly describe what you perceive as the role of today's teachers:

Briefly describe the role of today's small, rural school districts in New York State:

Circle any of the following which you are able to coach or direct successfully:

- Debate Team Dramatics School Newspaper Yearbook Cross-Country Football Soccer
- Wrestling Volleyball Basketball Baseball Track Cheerleading Softball
- Golf Bowling Other: _____

Present Salary: _____ Expected Salary: _____

When could you begin work at CCSD? _____

List three (3) references who have first-hand knowledge of your character and abilities (other than relatives):

<i>NAME</i>	<i>ADDRESS</i>	<i>OFFICIAL POSITION</i>	<i>PHONE #</i>

List the name and address of your college placement office:

If not chosen for a permanent position, would you like to be considered as a substitute?

____ Yes ____ No

Signature

Date

This district will employ in full compliance with Title IX.