

Northern Adirondack Central School
5572 Route 11
Ellenburg Depot, NY 12935

DATE _____

PROFESSIONAL APPLICATION

PERSONAL INFORMATION

NAME _____

Last

First

Middle

Other name(s) _____

(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

SOCIAL SECURITY NUMBER _____ - _____ - _____

Present Mailing Address

Permanent Mailing Address

Street

Street

City, State, Zip

Telephone Number

Email _____

POSITION APPLYING FOR _____

CERTIFICATION – New York State Certification Required

(List and enclose copies of all certifications and if pending, please indicate.)

STATE	DATE ISSUED	DATE EXPIRES	SUBJECT VALIDITY	CERTIFICATE NUMBER

EDUCATIONAL PREPARATION

SCHOOL	LOCATION	NATURE OF STUDIES Major/Minor	DIPLOMA/DEGREE
<i>High School</i>			
<i>College (Undergraduate)</i>			

Have you taken work which has resulted in the conferring of an advanced degree? If yes, summarize.

COLLEGE	LOCATION	MAJOR SPECIALIZATION	CREDITS	DEGREE

Summarize graduate work beyond the highest degree earned or graduate work not leading to a degree.

COLLEGE	LOCATION	INDICATE MAJOR CONCENTRATIONS	CREDITS	ADDITIONAL INFORMATION

SCHOLASTIC HONORS _____

PROFESSIONAL MEMBERSHIPS _____

READING BACKGROUND (Elementary Teachers Only)

List title and credit hours of course work taken in the teaching of reading.

RELATED PROFESSIONAL EXPERIENCE

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

EDUCATIONAL EXPERIENCE

List most recent experience first. Include any substitute teaching, and indicate as such.

DATES	NAME & LOCATION OF SCHOOL	NATURE OF EXPERIENCE i.e. Grade level, subject	TOTAL YEARS	IF FULLTIME POSITION ANNUAL SALARY

Student teaching, if fewer than 3 years of full-time employment.

YEARS	NAME & LOCATION OF SCHOOL	SUBJECT OR GRADE LEVEL

OTHER WORK EXPERIENCES

(Business, trades, summer occupations)

DATES	FIRM/INSTITUTION	NATURE OF WORK	FULL TIME	SUMMERS, VACATION, ETC.

PRIOR TENURE RECORD

(All applicants must complete and sign in order to assure compliance with provision of Section 3012, 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) (Date of Tenure)

(Signature) (Today's Date)

NOTICE

Signature _____ Date _____

Applications will be kept on file for **one year** from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

The following documents must be received in order for your application to be processed:

1. Copy of N.Y.S. Certification
2. Recent letters of recommendation
3. Official transcripts
4. Recent resume

Return to:
Northern Adirondack CSD
Office of the Superintendent
5572 Route 11
Ellenburg Depot, NY 12935

The Northern Adirondack Central School District hereby advises students, parent, employees, and the general public that it offers employment and educational opportunities, including vocational education opportunities, without regard to age, gender, race, color, religion, marital status, sexual preference, national origin or disability.