Employment ApplicationHorseheads Central School District

One Raider Lane • Horseheads, NY 14845 • (607) 739-5601, x4211/x4212

The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

Name			Date	
Name Last	First	Mido	lle Initial	
Address				
Address No. Street		City	State	Zip
How long at this address (years/mor	nths)?			
Previous name(s) by which you have	e been known in the	last ten year	rs	
Telephone ()	E-Mail:			
Position applying for		Sala	ry desired	
How did you find out about this posit	tion?			
Newspaper	Vacancy Notice	F	acebook	
Walk-in	Word of Mouth	0	ther – specify:	
Have you been employed previously School District?	/ by the Horseheads	Central	Yes	No
If yes, what date(s)?	Posi	tion(s)?		
Are you a United States citizen?			Yes	No
Are you a licensed driver?			Yes	No

Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

<u> </u>	ersonal iniormation			
1.	Have you ever resigned from a position rataction?	ther than face disciplinary	Yes	No
2.	2. Has any disciplinary action been brought against you which resulted in your being discharged from employment?		Yes	No
3. Have you ever been convicted of any crime (felony or misdemeane		e (felony or misdemeanor)?	? Yes	No
4.	4. Have you ever had a teaching credential revoked, suspended, or annulled?		Yes	No
5.	5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a?		Yes	No
an ins	you answered "yes" to any of the questions of explanation for the response. If you elect sufficient, a confidential investigation may be automatic bar to employment. Each case is ation to the duties and responsibilities of the	t not to provide specifics, or e initiated. None of the above s considered and evaluated	r if such an expl ve circumstance l on individual m	anation is s represents
<u>Uı</u>	nited States Military Service			
Br	anch of Service Date e	entered Da	te discharged _	
	d you receive an honorable discharge? dishonorable discharge is not an absolute bar t	o employment. Other factors v	Yes will affect the hirir	
Fir	nal rank Service school	l(s) or special training		
Re	eserve or National Guard training			
<u>Te</u>	enure			
Ha	ive you ever been granted tenure in New Yo	ork State?	Yes	No
Sc	hool District			
Те	nure Area	Effective Date		
Sc	hool District			
	nure Area			
Sc	hool District			
Те	nure Area	Effective Date		

Certificate/License

Number	State
Date Iss	sued
Number	State
Date Is	sued
s section must be filled out co	ompletely. If you
Phone	
Dates Employed	to
Check one:F/T	P/T
Reason for leaving	
Phone	
Dates Employed	to
Check one:F/T	P/T
Reason for leaving	
Phone	
Check one: F/T	P/T
Reason for leaving	
	Date Iss

List any other organizations (profess relate to your candidacy:	sional, volunteer, community service)	-	_
Education			
High School	Graduated?	Yes	No
Address			
Type of Degree, Diploma or Certificat	te		
College/University	Graduated?	Yes	No
Address			
	te		
Graduate School	Graduated?	Yes	No
Address			
Type of Degree, Diploma or Certificat			
Special Training			
References			
List below three (3) professional refer	rences who have observed your work		
Name	Phone		
Address			_
Name	Phone		
Address			
Name	Phone		
Address			
List below two (2) references, not rela	ated to you, who may be contacted.		
Name	Phone		
Address			
Name			
Address			

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

Signature	Date
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