



KESHEQUA CENTRAL SCHOOL DISTRICT

15 Mill Street, P.O. Box 517

Nunda, New York 14517

Ph: 585-468-2541 Fax: 585-468-3814

PROFESSIONAL STAFF APPLICATION

The Keshequa Central School District does not discriminate because of race, color, creed, religion, national origin, political affiliation, sex, sexual orientation, age, marital status, military status, veteran status, or disability.

POSITION PREFERENCE

Elementary Middle School High School Other
 (Guidance, Psychology, Administrator)

Full-Time Part-Time

Please specify preferences: Grade Level _____

Subject Areas _____

PERSONAL INFORMATION

Name _____
Last First M.I.

Other Name(s) _____

Please provide any additional information regarding names you have used, which may be necessary to enable a check of your work or school records.

Present Mailing Address _____ Phone _____

Permanent Mailing Address _____ Phone _____

Social Security # _____ N.Y.S. Teachers' Retirement# _____

NEW YORK STATE CERTIFICATION

Please attach a copy of all certificates

N.Y.S. Certification: Yes No Pending If yes or pending please complete:

Area _____ Subject _____

Initial Professional Transitional Provisional Permanent

Effective Date _____ Expiration Date _____ Certificate # _____

Area _____ Subject _____

Initial Professional Transitional Provisional Permanent

Effective Date _____ Expiration Date _____ Certificate # _____

New York State Coaching Certificate Yes No Pending

EDUCATION AND PROFESSIONAL TRAINING

School Attended	Location	Dates	Degree	Major	Minors
High School					
Undergraduate					
Graduate					
Total Number of Graduate Hours beyond last degree					

TEACHING EXPERIENCE

List most recent experience first. Include any substitute teaching and indicate as such. Administrative applicants: please include both administrative and teaching experience.

Inclusive Dates:		Name and Location of School	Specific Nature of Position: i.e., grade level, subject, etc.	Total Years	If full-time position, annual salary	Did you receive tenure?
From	To					
1.						
2.						
3.						
4.						

Reason for Leaving (Refer to numbers above)	Reason for Leaving (Refer to numbers above)
1.	2.
3.	4.

EDUCATIONAL EXPERIENCE

If fewer than 3 years of regular full-time employment, include student teaching experience here.

Inclusive Dates:		Name and Location of School	Subject or Grade Level
From	To		
1.			
2.			

RELATED PROFESSIONAL EXPERIENCE

Educational travel, lectures, addresses, publications, organizational memberships, committee chairs or memberships, participation in educational experiences, innovations, special programs, elective positions held. This section should include your experience with computers and technology as organizational tools (i.e., word processing, spreadsheets, database) to instructional delivery (i.e., Internet, CD Rom multimedia, distance learning).

MILITARY SERVICE AND WORK EXPERIENCE OTHER THAN TEACHING

List here in chronological order all practical experience other than teaching, including trade or business experience, military service, social work, work in summer camps, involvement with youth activities, etc.

Kind of Work	Inclusive Dates		Name and Address of Employer	Name and Address of Supervisor who would know most about this work.
	From	To		

List below any extracurricular or athletic activities you can direct.

Estimate your attendance at work or school for the last three years (days, weeks, months)

- Excellent
 Very Good
 Good
 Fair
 Poor

Have you ever been dismissed or asked to resign? Have you ever agreed to resign or agreed to accept a disciplinary penalty in settlement of disciplinary charges? Have you ever resigned to avoid a denial of tenure or dismissal during a probationary period? If yes to any or all of the above, please explain: _____

Are you a party to any agreement with a prior employer limiting the right of your prior employer to respond to reference checks by prospective employers? If yes, please explain

Except for minor traffic violations, have you ever been convicted of a crime? _____
 If yes, please give details _____

REFERENCES

Give names of those who have closely observed your work as a teacher or as a student. In the case of experienced teachers or supervisors, present and former superintendents, principals and other supervisors are preferred. Beginning teachers will please include practice teaching supervisors. If references may not be contacted before a certain date, please indicate the date by the name of the reference.

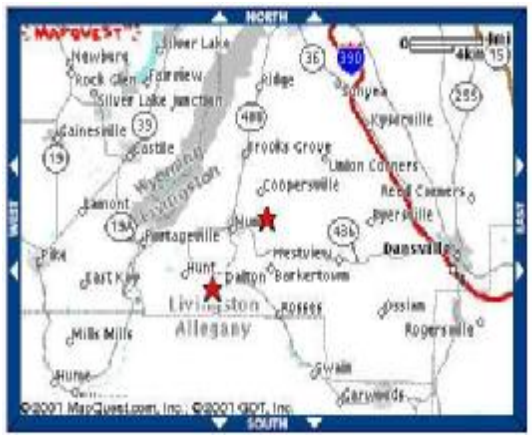
Name	Official Position	Present Address/Zip/Phone	Office Use	
			Sent	Rec'd

In your own handwriting state why you feel you are well qualified for employment with the Keshequa Central School District and any additional professional information that you think might be of value in our considering you for a position.

Thank you for completing this application and for your interest in Keshequa Central School.

Please return application to:

Superintendent
Keshequa Central School
P.O. Box 517
Nunda, New York 14517



I hereby certify that the statements made in this application are true to the best of my knowledge and belief. I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Keshequa Central School District with any information concerning my employment.

Date

Signature of Applicant