

HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, New York 10528

Web Page: www.harrisoncsd.org

Telephone : (914) 835-3300

Date _____

PROFESSIONAL APPLICATION POSITION PREFERENCE

ELEMENTARY (K-5)

MIDDLE SCHOOL (6-8)

HIGH SCHOOL (9-12)

OTHER

e.g., Guidance, Psychologist
Administrative/Supervisory,
Special Education, Social
Worker, Teaching Assistant
Specify _____

Grade Level _____
Specify Preference

Subject(s) _____

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.)

PRESENT MAILING ADDRESS

PERMANENT MAILING ADDRESS

Street _____
City State Zip _____
Telephone No. _____

Street _____
City State Zip _____
Telephone No. _____

E-Mail Address _____ Social Security No. _____

N.Y.S. Retirement System Member? Yes No If yes, please indicate number _____

Estimate your total absence from work or school for the last five years _____

Have you ever been dismissed or asked to resign from a position? Yes No If yes, please explain _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain
on a separate sheet, citing date, offense and disposition of case.

Have you been fingerprinted? Yes No If yes, where? _____ Date _____

Are you a U.S. Citizen? Yes No If no, are you legally eligible to work? Yes No

Do you have any disability which would prevent you from performing, with or without accommodation, those
activities involved in the position for which you are applying Yes No

CERTIFICATES (If pending, so indicate)

List all teaching and administrative certificates you hold

STATE	DATE ISSUED	DATE EXPIRES	SUBJECT VALIDITY	CERTIFICATE NUMBER

RELATED PROFESSIONAL EXPERIENCE

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

OTHER WORK EXPERIENCE

(Business, trades, summer occupations)

Dates	Firm or Institution	Nature of Work	Full Time Employment	Summers, Vacation Periods, etc.

PRIOR TENURE RECORD

(All applicants must complete and sign this statement in order to assure compliance with provisions of Section 3012, Subdivision 1, 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) Address

(Date of Tenure) (Tenure Area) (Signature) (Today's Date)

UNITED STATES ARMED SERVICES RECORD

Dates From/To	Branch	Highest Rank	Total Months	Did you receive a dishonorable discharge?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	

SPECIAL SKILLS AND ABILITIES RELATED TO POSITION

APPLICANT'S STATEMENT

(Provide a statement which you think might be of value in our considering you for a position. Use a separate sheet if necessary.)

REFERENCES

Provide the names of three persons who have closely observed your work as a professional or as a student. **Do not** include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include practice teaching supervisor's recommendation.

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

List college placement office where your confidential record may be obtained.

My signature below authorizes the Harrison 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 Harrison 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 Harrison Central School District.

Signature of applicant _____ **Date** _____

The Harrison Central School District, Harrison, New York 10528, does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy of non-discrimination includes the recruitment, hiring and advancement of employees; salaries, pay and other benefits, or educational programs.