



ILION CENTRAL SCHOOL DISTRICT
P.O. BOX 480
ILION, NY 13357-0480
TELEPHONE (315) 894-9934
FAX (315) 894-2716

**APPLICATION FOR POSITION AS
 INSTRUCTIONAL/ADMINISTRATIVE:**

Position(s) Desired (in order of preference)

1. _____

2. _____

Date: _____

Permanent Address: _____
(If different than current address)

Permanent Phone: _____

Name: _____
(Last) (First) (Middle)

Current Address: _____

Current Phone: _____ U.S. Citizen: ___ Yes ___ No Social Security No: _____ NYS Teacher's Retirement No. _____

Are you physically and otherwise able to perform, in a reasonable manner, the requisite job duties of the position for which you have applied? ___ Yes ___ No

If not, please explain: _____

Please complete all items on this application form:

PROFESSIONAL TRAINING *(please list most recent first)*

Name & address of institutions attended. <i>(include high school, colleges and graduate schools)</i>	Number of years attended	Major	Semester Hours	Degree

STUDENT TEACHER OR INTERNSHIP EXPERIENCE

Name of School	Address	Subject and/or Grade	Immediate Supervisor	No. of years attended

PROFESSIONAL EXPERIENCE (please list most recent first)

Name of School	Address & Phone	Immediate Supervisor	Subject and/or Grade	No. of years in the position	Reason for Leaving

OTHER WORK EXPERIENCE

Name of Employer	Address & Phone No.	Position and Nature of Work	No. of years in the position	Reason for Leaving

Please estimate the total time lost due to absences from work excluding vacation time and holidays during the last five years. _____
(No of Days)

MILITARY SERVICE

- a. Have you served with the United State Military service or a state militia? _____
- b. If so, what was the number of years served? _____
- c. Were you dishonorably discharged? _____

SPECIAL ABILITIES

List extra-curricular athletic sports or special interest activities which you would be willing to coach, advise, chaperone or moderate. Rank them according to your preference.

List any additional activities or hobbies, or other additional experience that you care to furnish

CERTIFICATION DETAILS

Area/Grade Level(s)	Type (Prov., Perm.)	Issuing State	Date Received	Valid Until	Certificate Number

National Teacher Examination (Please check each area):

Communication Skills Pass ___ Fail ___ General Knowledge Pass ___ Fail ___ Professional Knowledge Pass ___ Fail ___

REFERENCES (Please list references who would have knowledge of your qualifications for position)

Name	Address	Phone	Position

Official transcripts should be forwarded to the district as soon as possible. List name and address of agency from which your placement folder may be obtained.

Have you ever been convicted of a crime? Yes _____ No _____ Have you ever been involved in a Part 83 investigation? Yes _____ No _____

If you answered yes to either question above, please explain: _____

If offered employment, do you agree to take an oath or affirmation that you will support the United State Constitution as required by Section 3002 of the Education Law? Yes _____ No _____

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

Please briefly describe your strengths and state your reasons for desiring this position. Use additional sheet if needed.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY Interview Date: _____ Disposition: _____
By: _____