



Ilion Central School District

1 Golden Bomber Drive

PO Box 480

Ilion, NY 13357

315-894-3210

Return to
Mrs. Marsha Mays-Smith
 District Director of Pupil Personnel
 1 Golden Bomber Drive
 Ilion, NY 13357
 Phone (315) 894-3210

APPLICATION FOR TEACHING ASSISTANT

PERSONAL DATA

NAME _____ DATE _____

PERMANENT ADDRESS _____

PHONE _____ SS NUMBER _____

E-MAIL ADDRESS _____

US CITIZEN? ____ YES ____ NO MILITARY SERVICE _____

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

RECORD OF EDUCATION *(Please list most recent first)*

INSTITUTION (please include high school, college, and graduate schools)	DEGREE OR DIPLOMA	# OF YRS ATTENDED

PROFESSIONAL WORK EXPERIENCE *(Please list most recent first)*

EMPLOYER	ADDRESS & PHONE #	POSITION	# OF YRS	REASON FOR LEAVING	MAY WE CONTACT? Y / N

CERTIFICATION OR LICENSURE DETAILS (You will be required to present the original of your certificate for copying to verify certification)

TYPE OF CERTIFICATE (Provisional or Permanent)	ISSUING STATE	DATE RECEIVED	VALID UNTIL	CERTIFICATE NUMBER

PERSONAL REFERENCES

NAME	ADDRESS AND PHONE #	RELATIONSHIP	MAY WE CONTACT? Y/N

Have you ever been convicted of a crime? ____ YES ____ NO

If YES, please explain _____

If offered employment, do you agree to take an oath or affirmation that you will support the United States Constitution as required by Section 3002 of the Education Law? ____ YES ____ NO

The Ilion Central School District hereby advises students, parents, employees, and the general public that it offers employment and educational opportunities without regard to sex, race, color, national origin, handicap, age, marital status, or sexual orientation. Inquiries regarding this non-discrimination may be directed to Mrs. Marsha Mays-Smith, District Director of Pupil Personnel Services, 1 Golden Bomber Drive, Ilion, NY 13357. Phone: 315-894-3210.

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)