

MIDDLEBURGH CENTRAL SCHOOL DISTRICT

Brian P. Dunn
Superintendent of Schools
291 Main Street-PO Box 606, Middleburgh, NY 12122
518-827-3625

CERTIFIED EMPLOYMENT APPLICATION

Directions:

1. Please complete this form in full. Do not reference resume, other documents, etc.
2. Forward the application form, letter of application, resume and professional placement file to the Office of the Superintendent of Schools at the address above.
3. Selected candidates will be invited to the school district for a personal interview.

POSITION FOR WHICH YOU ARE APPLYING:

PROFESSIONAL CERTIFICATION

LIST ALL PROFESSIONAL CERTIFICATES HELD

SUBJECT AREA / GRADE LEVEL	ISSUED IN WHAT STATE	EXPIRATION DATE

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER:

NAME:	
ADDRESS:	
HOME PHONE:	WORK PHONE:
EMAIL ADDRESS:	

TENURE STATUS

WERE YOU EVER APPOINTED TO TENURE AS A TEACHER OR ADMINISTRATOR IN A PUBLIC SCHOOL DISTRICT?

IF YES, LIST THE FOLLOWING:

DISTRICT TENURE AREA DATE TENURE GRANTED

Three horizontal lines for listing tenure information.

WERE YOU EVER DENIED TENURE OR DID YOU EVER RESIGN TO AVOID BEING DENIED TENURE?

IF YES, EXPLAIN:

Large empty rectangular box for explaining denial or resignation.

PROFESSIONAL EXPERIENCE

1. HAVE YOU EVER BEEN DISHONORABLY DISCHARGED FROM MILITARY DUTY?

IF YES, PLEASE EXPLAIN:

2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL VIOLATION (MISDEMEANOR OR FELONY INCLUDING DWI / DUI)?

IF YES, PLEASE EXPLAIN:

3. HAVE YOU EVER BEEN RELEASED TERMINATED OR ASKED TO RESIGN FROM AN EMPLOYMENT POSITION DUE TO DISCIPLINARY ACTION?

IF YES, PLEASE EXPLAIN:

4. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

5. LIST SPORTS / EXTRA-CURRICULAR ACTIVITIES YOU CAN COACH / ADVISE:

Horizontal line for listing sports or activities.

PERSONAL REFERENCES

LIST BELOW FOUR (4) REFERENCES WHO ARE KNOWLEDGEABLE OF YOUR JOB PERFORMANCE AND / OR PERSONAL QUALITIES:

NAME _____ POSITION _____

SCHOOL / ORGANIZATION _____

HOME PHONE _____ BUSINESS PHONE _____

NAME _____ POSITION _____

SCHOOL / ORGANIZATION _____

HOME PHONE _____ BUSINESS PHONE _____

NAME _____ POSITION _____

SCHOOL / ORGANIZATION _____

HOME PHONE _____ BUSINESS PHONE _____

NAME _____ POSITION _____

SCHOOL / ORGANIZATION _____

HOME PHONE _____ BUSINESS PHONE _____

CANDIDATE QUESTION

ON A SEPARATE SHEET OF PAPER (TYPED, DOUBLE-SPACED) ANSWER ONE OF THE FOLLOWING QUESTIONS:

1. WHY ARE YOU SEEKING A POSITION WITH THE MIDDLEBURGH CENTRAL SCHOOL DISTRICT?
2. WHAT QUALITIES DO YOU POSSESS THAT WILL MAKE YOU AN OUTSTANDING STAFF MEMBER AT MCS?

ALL STATEMENTS BY ME, ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT. FURTHER, I AUTHORIZE THE MIDDLEBURGH CENTRAL SCHOOL DISTRICT TO CONTACT THE PERSONAL / PROFESSIONAL REFERENCES USED IN THE COMPLETION OF THIS APPLICATION FORM AND WAIVE THE RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

SIGNATURE OF APPLICANT _____ DATE _____

NOTICE OF NON-DISCRIMINATION: THE MIDDLEBURGH CENTRAL SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, CREED, GENDER, AGE OR HANDICAP, AS DECREED BY LAW AND IS IN COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENT OF 1972 AND WITH SECTION 504 OF THE REHABILITATION ACT OF 1973. THE COMPLIANCE OFFICER FOR TITLE IX AND SECTION 504 IS MR. JOHN DeSANTO.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS
FOR POLICE DEPARTMENT

I HEREBY AUTHORIZE THE SCHOHARIE COUNTY SHERIFF'S DEPARTMENT, HEREINAFTER POLICE DEPARTMENT, TO RELEASE ANY INFORMATION IT MAY HAVE IN ITS RECORDS UNDER MY NAME AND BIRTH DATE TO THE MIDDLEBURGH CENTRAL SCHOOL DISTRICT AND I HEREBY RELEASE AND FOREVER DISCHARGE THE CITY, STATE, POLICE DEPARTMENT, THE COURTS AND OTHER OFFICIAL SOURCES NAMED ABOVE AND ITS AGENTS, OFFICERS AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS AND DEMANDS FOR, UPON OR BY REASON OF ANY DAMAGE, LOSS OR INJURY, WHICH MAY BE SUSTAINED BY ME IN THE MATURE OF LIBEL, SLANDER, INVASION OF PRIVACY OR OTHER RESULTING FROM ERRORS OR OMISSIONS IN THE INFORMATION GIVEN OR FROM THE USE OF THE INFORMATION, WHETHER BY REASON OR UNAUTHORIZED USE, NEGLIGENCE OR OTHERWISE.

ADVICE: INFORMATION RECOVERED AS A RESULT OF INQUIRY WILL NOT BE NECESSARY PRECLUDE EMPLOYMENT, BUT WILL BE CONSIDERED AS PART OF AN OVERALL EVALUATION.

DATE

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

SIGNATURE (PLEASE SIGN BEFORE A NOTARY)

DATE OF BIRTH

ADDRESS

MAIDEN NAME (IF ANY)

CITY STATE ZIP

STATE OF NEW YORK
COUNTY OF SCHOHARIE

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____
THAT THE ABOVE LIABILITY AND RELEASE OF CLAIM WAS EXECUTED.

NOTARY PUBLIC
MY COMM. EXP. _____

SEAL