SHARON SPRINGS CENTRAL SCHOOL DISTRICT PO BOX 218, 514 ST. RT. 20 SHARON SPRINGS, NEW YORK 13459

TELEPHONE (518)-284-2266 FAX (518)-284-9033

TEACHER APPLICATION

Directions:

- 1. Please print or type clearly.
- 2. Complete the form and forward it together with a copy of your certification to:

Personnel Department

Sharon Springs Central School

PO Box 218

Sharon Springs, NY 13459

- 3. Do not indicate "see attached vita or materials"
- 4. Have your College Placement Office forward your credentials immediately.

The Position you are se	eking:		
Personal Information			
Name: Last	First	Middle	
Present Position	····		
Business Telephone	Home Telephone		
Business Address	Home Address		
FOR OF	FICIAL USE C	NLY	
Tenure Area:			
Appointment Date Effective:			
Completion Date:			
Certification Area:			
Certification Status:			
Annual Salary Rate:			
Step/Level:			
Assignment:			
FTE:			
Replacing:			

EMPLOYMENT RECORD

Please list your most recent teaching experience first:

Dates	Position	Emplo	yer/Supervisor
Reason for Lea	ving	Final Salary	
Dates	Position	Emplo	yer/Supervisor
Reason for Lea	ving	Final Salary	
Dates	Position	Emplo	yer/Supervisor
Reason for Lea	ving	Final Salary	
Dates	Position	Emplo	yer/Supervisor
Reason for Lea	ving	Final Salary	
Dates	Position	Emplo	yer/Supervisor
Reason for Lea	aving	Final Salary	
	APPOINTMENTS	S OF TENURE	
<u>Institution</u>	Date of Tenure Appo	<u>pintment</u>	<u> Fenure Area</u>
<u>Institution</u>	EDUCATION AN Major/Minor	ND DEGREES <u>Degree</u>	<u>Date</u>
		-	

REFERENCES

State the names of persons who during the last 5 years are knowledgeable as to your educational work and other experiences.

Name		Position		
Address				
State	Zip Code	Telephone (Work)	Telephone (Home)	
Name	·	Position		
Address			· · · · · · · · · · · · · · · · · · ·	
State	Zip Code	Telephone (Work)	Telephone (Home)	
Name		Position		
Address			<u> </u>	
State	Zip Code	Telephone (Work)	Telephone (Home)	
Name		Position		
Address				
State	Zip Code	Telephone (Work)	Telephone (Home)	
Name		Position		
Address	 			
State	Zip Code	Telephone (Work)	Telephone (Home)	

CANDIDATE'S NAME:
Candidate's Statement:
Briefly describe how your experience and abilities support your candidacy to be a teacher in the Sharon Springs Central School District.
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CANDIDATE'S NAME:				
Candidate's Statement: Briefly describe how you would work with students, faculty, and				
parents to raise students' performance to meet and/or exceed New York State's new academic benchmarks.				
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CERTIFICATION

<u>Area</u>	<u>Type</u>	<u>State</u>	<u>Date</u>
Please answe	r the following quest	ions:	
parking violat	r been convicted of a ions)? NO If yes, pla	•	_
	r been discharged o		
_	r had a certification on NO If yes, plo		
molestation,	r been convicted of a physical or sexual al NO If yes, pl	ouse, or rape of a ch	nild?
compete. Furt facts will result in the Sharon supply the follow	that the statements nather, I agree and under ther, I agree and under the my forfeiting any ri Springs Central School owing to the Personners, valid certificates and eport.	rstand that any falsifi ghts to consideration of District. If hired, I a el Department: Officia	cation of material for employment am required to al transcripts of all
I hereby acknowledge acknowled	owledge that I have re e same.	ad the foregoing disc	losure and
Signature of	Applicant		Date