# 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 ASSISTANT 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 seeking:				
Personal Information				
Name: Last	First	Middle		
Present Position				
Business Telephone	Home Telephone			
Business Address	Home Address			
FOR OF	FICIAL US	E ONLY		
Tenure Area:				
<b>Appointment Date Effective:</b>				
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	Employ	/er/Supervisor	
Reason for Lea	ving	Final Salary		
Dates	Position	sition Employer/Supervisor		
Reason for Lea	ving	Final Salary		
Dates	Position	Employ	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		
	APPOINTMENTS	OF TENURE		
<u>Institution</u>	Date of Tenure Appo	ointment <u>T</u>	enure Area	
<u>Institution</u>	EDUCATION AN <u>Major/Minor</u>	ID 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	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
State	Zip Code	Telephone (Work)	Telephone (Home)	
Name		Position		
Address		<del></del>		
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.			

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

Area	<u>Type</u>	<u>State</u>	<u>Date</u>
Please answe	r the following ques	tions:	
parking violat	r been convicted of a tions)? NO If yes, pla	·	•
	r been discharged o		
	r had a certification NO If yes, pl		
molestation,	r been convicted of physical or sexual al NO If yes, pl	buse, or rape of a ch	ild?
compete. Fur facts will resul in the Sharon supply the foll	that the statements nather, I agree and under ther, I agree and under thin my forfeiting any r Springs Central School owing to the Personners, valid certificates and eport.	erstand that any falsificights to consideration of District. If hired, I are Department: Officia	cation of material for employment m 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