



Application for Professional Employment

Salem Central School District
PO Box 517
41 East Broadway
Salem, NY 12865
Phone (518) 854-7855 Fax (518) 854-3957

Instructions: Please complete all items on this application form. It is permissible to scan the application and complete the information electronically. Please print or type information. A resume should be submitted along with this application. All applications will be kept on file for two years from the date of filing.

Name: _____
(Last) (First) (MI)

Date: ____/____/____

Present Address _____
(Number or PO Box) (Street)

(City) (State) (Zip)

Phone: () _____
(daytime)
() _____
(evening)

Permanent Address _____
(Number or PO Box) (Street)
if different from above _____
(City) (State) (Zip)

Phone: () _____
(daytime)
() _____
(evening)

What position, grade or subject do wish to apply for? _____

Are You A United States Citizen? _____ Yes
_____ No

Are You A Member Of The New York State Teachers' Retirement System? _____ Yes
_____ No NYS Retirement System Number _____

Social Security Number _____

Do you have any conditions that would not permit you to perform the duties of this position even with reasonable accommodations? _____ Yes
_____ No

Health Status: _____ Fair _____ Good _____ Excellent

Applicants May Be Required to Have A Physical Examination

New York State Certification

Area/Grade Level (s)	Type (CQ, Prov, Perm)	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include a copy of your teaching certificate with this application.

EDUCATIONAL BACKGROUND

HIGH SCHOOL:

Name	Location City/State	Dates of Attendance Entered Left	Type of Diploma	Diploma Date

UNDERGRADUATE:

Institution	Location City/State	Dates of Attendance Entered Left	Type of Degree	Major/Minor	Degree Date

GRADUATE:

Institution	Location City/State	Dates of Attendance Entered Left	Type of Degree	Major/Minor	Degree Date
Total Number of Graduate Hours _____					

TEACHING EXPERIENCE: (non-substitute)

Institution	Location City/State	Dates of Employment Started Left	Grade and/or Subject	Tenure Date
Total Number of Years _____				

NON TEACHING EXPERIENCE

Name of Organization

Dates of Employment

Type of Work

Are you
Currently
Under
Contract?

_____ Yes
_____ No
_____ Until

Current
Salary

\$ _____

Minimum salary you would accept

\$ _____

PROFESSIONAL REFERENCES: (include at least 3)

Name

Institution
& Address

Phone

Please have your confidential placement file sent and/or send a package of other information that you believe to be pertinent

Candidate's Statement

<u>Professional and Civic Organization Memberships</u>

My signature below indicates that I affirm that the statements made on this application form and on any additional documents that I submit are accurate, and that the written documents provided as part of the open ended response questions are my own work.

_____ date

(applicant signature)

For Office Use Only:

1. Application Received: _____
2. Supporting Materials Received: _____
3. Date of Interview: _____
4. Initial Interview By: _____

Additional Comments: