

Name

## **INSTRUCTIONAL APPLICATION**

Attach certification verification, resume, cover letter, three (3) signed letters of recommendation, undergraduate, and graduate transcripts

Date

Street Address				Phone	e(s)		
City, State, Zip				email	address		
POSITION DESIRED							
Subje	ect				G	rade	
CERTIFICATION							
Subject Area	Certificatio	n Type	Effect Dat		Expiration Da	te	State
EDUCATIONAL BACKGROUND							
School	Dates Attended	Degree o Diplom Earneo	a G	Date Franted	Major and Minor		stinctions d Honors
High School and Location		<u> </u>	-				
College/Univeristy and Location							
Graduate Studies and Location							

Student Teaching:  Substitute Teaching:  Public School Teaching:  Private School Teaching:  Other Experience:  TENURE STATUS  Were you ever granted tenure in a public school district or board of cooperative educational services (BOCES) in New York State?	Taught	Dates	
Private School Teaching:    Private School Teaching:			
Private School Teaching:  Other Experience:  DENURE STATUS  Were you ever granted tenure in a public school district or board of cooperative educational services BOCES) in New York State?  Hoo  Grant State Stat			
CENURE STATUS Were you ever granted tenure in a public school district or board of cooperative educational services BOCES) in New York State?			
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Were you ever granted tenure in a public school district or board of cooperative educational services BOCES) in New York State?			
If you answer yes to any of the following questions, please give specifics below:  1. Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75    Yes   No	No		
<ol> <li>Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75</li> <li>☐ Yes ☐ No</li> </ol>	as granted		
2. Have you ever had your certification revoked? ☐ Yes ☐ No			ce Law §75?
	d? □ Yes □ No		
		as granted, please give specifics o Education Law §302	No Effective Date as granted , please give specifics below: o Education Law §3020-a or Civil Servi

OTHER WORK EXPERIENCES WITH CHILDRE							
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Type of Experience	City, State	Type of Work	Employment Dates	Length of Service
ON-TEACHING WORK EX	PERIENCE			
Name of Employer	City, State	Type of Work	Employment	Length of
			Dates	Service
CTIVITIES				
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## PROFESSIONAL REFERENCES

Name	Job Title and Place of Employment	Present Address	Phone/Email

The Westhill Central School District does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, sex, sexual orientation, race, or any other category protected by federal, state, or local law, in its employment practices or educational programs and activities which it operates.

Please outline how you perceive your long-term purpose	es and contributions to the education of children.
I certify, to the best of my knowledge, that the information	on submitted in this employment application is true.
Applicant Signature	Date
Applicant Signature	Date
FOR OFFICE US	SE ONLY
Interviewer	Interviewer
Date	Date
Full-Time Equivalent	This Person Replaces
Position & Bldg Assignment  Type of Appointment	BOE Date of Appointment