

MONROE COUNTY SCHOOLS PROFESSIONAL APPLICATION

Several School Districts in Monroe County are participating in this common application process. Applicants for teaching and other professional educational positions may use this form for any or all of the participating districts. It is the applicants responsibility to provide a copy of this application and all required supporting documents to each district the applicant may select.

PARTICIPATING DISTRICTS: *Brighton, Brockport, Churchville-Chili, East Irondequoit, East Rochester, Gates Chili, Hilton Monroe #1 BOCES, Monroe 2-Orleans BOCES, Penfield, Rush-Henrietta, Spencerport, Wheatland-Chili, West Irondequoit.*

PERSONAL INFORMATION

DATE _____

NAME _____
(Last) (First) (Middle) (Other Name*)

ADDRESS _____
(Street) (City) (State) (Zip Code)

(Area Code) (Phone Number) (Area Code) (Alt. Phone Number) (Social Security Number*)

*OPTIONAL: If additional information relative to a change of name, use of an assumed name, or nickname is necessary to enable a check on your record, please indicate social security number and that name.

POSITION PREFERENCE

POSITION DESIRED: _____

INTEREST: Check all that apply

Full Time _____ Part Time _____ Long-Term Substitute _____ Tutor _____ On-call Substitute _____

GRADE LEVEL: K-6 _____ K-12 Subject Area _____

Secondary Academic Area _____

Are you a member of the NYS Teachers' Retirement System? Yes _____ No _____
Membership Number _____

The participating districts are equal opportunity employers and do not discriminate on the basis of age, race, creed, national origin, sex, disability, marital status or sexual orientation. Participating districts comply with Title VII of the Civil Rights Act of 1964, the New York State Human Rights Law and Title IX of the Education Amendments of 1972. To obtain information regarding compliance officers contact the district office.

EDUCATION

School Attended	Location (City/State)	Type of Degree	Date of Degree	Major\Minor, GPA
_____ High School	_____	_____	_____	
_____ Undergraduate	_____	_____	_____	_____
_____ Graduate	_____	_____	_____	_____
_____ Graduate	_____	_____	_____	_____

Total number of graduate hours beyond your last degree _____

STUDENT TEACHING EXPERIENCE

Year	School/Location	Subject or Grade Level	Supervising Teacher/Phone
_____	_____	_____	_____
	_____	_____ Weeks	Work (_____) _____ Home (_____) _____
_____	_____	_____	_____
	_____	_____ Weeks	Work (_____) _____ Home (_____) _____

CERTIFICATION AREA(S)

ATTACH A COPY OF EACH CERTIFICATE LISTED

New York State Certification - Yes _____ No _____ Pending _____ Another State (list) _____

Area/Subject _____

More than one certificate:

Area/Subject _____

Area/Subject _____

REFERENCES

List names of those who have closely observed your work as a teacher or a student. In the case of experienced teachers, present and former superintendent, principals and other supervisors are preferred.

NAME & TITLE	ADDRESS	PHONE (Home & Work)
_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____

TENURE - CONVICTION - ADA

Have you ever failed to be reappointed or been denied tenure? Yes _____ No _____
If yes, explain (date, location, reason) on a separate piece of paper.

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
If yes, explain (date, location, nature of the act) on a separate piece of paper.
A conviction record will not necessarily be a bar to employment.

Are you able to perform the duties (with or without reasonable accommodations) of the position for which you are applying? Yes _____ No _____

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand the districts will conduct an inquiry regarding my background and experience and I authorize participating districts to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. Please note upon acceptance of a position that Education Law 3019-a requires a teacher who decides to resign from his/her position, to file a written notice with the school at least 30 days prior to his/her resignation date. The teacher remains an employee during that period. A teacher who fails to provide the required 30 days notice could face the following penalties: censure, reprimand and/or certification revocation.

Date _____ Signature _____

