

WARSAW CENTRAL SCHOOL, WARSAW NY 14569
NYS CERTIFIED STAFF APPLICATION

PLEASE SUBMIT A COMPLETE RESUME WITH THIS APPLICATION Date: _____

NOTICE: Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, religion, national origin, age or sex as prohibited by law or regulation. No person will be disqualified because of any physical impairment unless it prohibits the individual from doing the job for which he or she is applying.

DO NOT WRITE "SEE RESUME". PLEASE COMPLETE THE ENTIRE APPLICATION.

POSITION PREFERENCE (Please check all boxes that apply)

☐ ADMINISTRATOR ☐ TEACHER ☐ TEACHING ASSISTANT ☐ RELATED SERVICE ☐ SUBSTITUTE ONLY

GRADE LEVEL _____ SUBJECT AREA _____

PERSONAL INFORMATION

NAME _____
Last First Middle

EMAIL ADDRESS _____

MAILING ADDRESS _____

YEARS AT ABOVE ADDRESS _____ TELEPHONE ☐ Cell ☐ Home _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC OFFENSES? ☐ Yes ☐ No
If yes, please explain on a separate sheet.

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, ASSUMED NAME, USE OF NICKNAME
NECESSARY TO ENABLE A CHECK ON YOUR WORK RECORD? ☐ Yes ☐ No

If yes, please explain: _____

LIST ANY FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORKING FOR WARSAW CENTRAL:

EDUCATION

NAME AND LOCATION OF SCHOOL	MAJOR/MINOR	SEM. HRS.	DEGREE
HIGH SCHOOL			
COLLEGE			
COLLEGE			
GRADUATE SCHOOL			

CERTIFICATION

AREA	NUMBER	STATE	STATUS PROVISIONAL/PERMANENT INITIAL/PROFESSIONAL	DATE	EXPIRATION DATE
TEACH ID #					

SUPPLEMENTARY EDUCATION AND TRAINING (EXCLUSIVE OF ABOVE)

TITLE OF COURSE, INSERVICE, OR WORKSHOP (Include Student Training)	WHERE TAKEN	DURATION	SKILLS LEARNED

ACTIVITIES

High School	
College	
Community	
Awards, Honors, Recognition	

List any club or sport you are able to coach successfully.

Professional Organizations (Please list all memberships which you consider relevant to your ability to perform the job for which you are applying.)

EMPLOYMENT HISTORY

LIST ALL FORMER FULL TIME AND PART TIME EMPLOYERS BEGINNING WITH MOST RECENT - USE ADDITIONAL SHEET IF NEEDED

NAME OF PRESENT OR LAST EMPLOYER		TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS		CITY	STATE	
TYPE OF BUSINESS		YOUR JOB TITLE		
SUPERVISOR		SUPERVISOR TITLE		
DESCRIPTION OF YOUR DUTIES				
START DATE _____ END DATE _____ MONTH YEAR MONTH YEAR				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER		TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS		CITY	STATE	
TYPE OF BUSINESS		YOUR JOB TITLE		
SUPERVISOR		SUPERVISOR TITLE		
DESCRIPTION OF YOUR DUTIES				
START DATE _____ END DATE _____ MONTH YEAR MONTH YEAR				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER		TELEPHONE		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS		CITY	STATE	
TYPE OF BUSINESS		YOUR JOB TITLE		
SUPERVISOR		SUPERVISOR TITLE		
DESCRIPTION OF YOUR DUTIES				
START DATE _____ END DATE _____ MONTH YEAR MONTH YEAR				
REASON FOR LEAVING				

HAVE YOU EVER RECEIVED TENURE IN ANY SCHOOL DISTRICT OR BOCES IN NEW YORK STATE?

☐Yes ☐No

If yes, name of District/BOCES _____ Date _____

HAVE YOU EVER BEEN FINGERPRINTED PER NEW YORK STATE EDUCATION DEPARTMENT?

☐Yes ☐No

If yes, date _____

HAVE YOU EVER BEEN RELEASED OR ASKED TO RESIGN AN EMPLOYMENT POSITION?

☐Yes ☐No

PROFESSIONAL REFERENCES

Give at least 5 references. Superintendents and principals under whom you have taught and those who have first-hand knowledge of your character, personality, scholarship, and teaching ability are preferred.

NAME	ADDRESS	POSITION	TELEPHONE	EMAIL

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

Signature of Applicant

DATE

PERSONAL STATEMENT

Please use the space to emphasize aspects of your background, which qualify you for the position for which you are applying. Include information about your computer literacy.

IMPORTANT

I understand that there will be an extensive inquiry regarding my background and experiences, and I hereby release from any 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. If requested, I will sign individual releases. I further understand that all information gathered by the Warsaw Central School District regarding my application will be the property of the Warsaw Central School District and will not be released to me unless required by Federal or State statutes or regulations.

ATTESTATION

I certify that the information is accurate to the best of my knowledge and that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Signature of Applicant

DATE