



West Valley Central School
 5359 School Street, Box 290
 West Valley, New York 14171
 Phone: (716) 942-3293
 FAX (716) 942-3440
 Website: <http://www.wvalley.wnyric.org>

**EMPLOYMENT
 APPLICATION
 FORM**

POSITION FOR WHICH THIS APPLICATION IS BEING FILED

TEACHER _____
 SUBSTITUTE _____
Specialty Area(s): please specify
 Special Education _____
 Itinerant _____

TEACHER ASSISTANT _____
 TEACHER AIDE _____
 CLERICAL _____
 ADMINISTRATIVE _____
 OTHER _____

PERSONAL INFORMATION

Full Name: Last		First	Middle		
Home Telephone Number		Daytime Phone Number		Cell Phone Number	
Home Address:	Street	City/Town	State	Zip Code	
Business Address:	Street	City/Town	State	Zip Code	
E-Mail Address			Social Security Number		

*If hired, can you provide the documents required to prove that you are authorized to work in the United States (Are you a citizen of the US?) Yes No

*Do you have a Driver's License? Yes No
 If yes, what type of license? (circle one) Operators Commercial
 Issuing State: _____ Class: _____

*Do you have any physical, mental or medical condition which may limit your ability to perform the particular job for which you are applying? Yes _____ No _____
 If yes, describe such conditions and explain how you can adapt, or what accommodations you may need to perform the job for which you are applying. _____

*Have you ever been convicted of a crime? (circle) Yes No
 If yes, please provide the details available to the employer within the law. _____

*Have you ever been convicted of a violation? (circle) Yes No
 If yes, please provide the details available to the employer within the law. _____

*If you are a teacher or teacher assistant, have you ever been denied tenure? Yes No
 If yes, please provide the details available to the employer within the law. _____

*Have you ever been asked to discontinue your employment? Yes No
 If yes, please provide the details available to the employer within the law. _____

REFERENCES (list three non-relatives willing to be a reference for you)

Name	Address	Phone Number/E-Mail address
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

Salary Anticipated _____ If a member: _____
Date Available _____ TRS# _____ ERS# _____

Why do you believe you are the best candidate for this position? _____

How did you learn about this opening?
Newspaper Classified _____ Vacancy Posting _____
Recruiting Service _____ BOCES Referral _____
College Placement Office _____ WVCS Staff Referral _____

Other: (describe) _____

I understand that the West Valley Central School District will thoroughly investigate my work history and verify all information provided on this application. I authorize all individuals, schools, and firms named therein, except for my current employer if so noted below, to provide any information requested about me, and I release them from all liability for damages resulting from providing this information. Yes No

Can the West Valley District contact your current employer? Yes No

Applicants Signature _____ *Date:* _____

The West Valley Central School District will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or other legally protected status.

-All applications should be forwarded to the Superintendent's Office-

EDUCATIONAL BACKGROUND

High School/University/College: _____ Degree or Diploma _____ Field or Major _____

Number of Graduate Credits Earned _____

MILITARY SERVICE

Branch of U.S. Service _____ Highest Rank Attained _____
Date Entered _____ Date Discharged _____
Present Military Classification _____
Primary Military Occupational Specialty (MOS) _____

CERTIFICATION STATUS

If the position for which you are applying requires certification, the following materials must accompany this application:

- * Copy of Placement file and official transcripts
- * Copy of valid teaching certificate or license
- * Resume

Do you hold a valid New York State Teaching Certificate/License? (circle) Yes No
If yes, please indicate:

Subject Area	Permanent	Provisional	Prov. Expiration Date

List any valid certificates currently held in other states:

Area _____ Issuing State _____
Expiration Date _____ Certificate Number _____

Did you ever acquire tenure in New York State? (circle) Yes No
If yes, where? _____ When? _____

Tenure area(s)? _____

Have you successfully completed the Core Battery NTE's/NYSCTE? (circle) Yes No

Have you taken the two-hour seminar on the identification of child abuse and neglect? (circle) Yes No

Have you been fingerprinted? (circle) Yes No
If yes, please provide documentation

WORK EXPERIENCE (list the most recent position first)
This section must be completed in full, do not indicate “see resume”.

Employer:

Address:

Dates of Employment (month/year FROM TO Supervisor’s Name

Position/Title:

Description of Duties:

Reason for Leaving:

WORK EXPERIENCE (list the most recent position first)
This section must be completed in full, do not indicate “see resume”.

Employer:

Address:

Dates of Employment (month/year FROM TO Supervisor’s Name

Position/Title:

Description of Duties:

Reason for Leaving:

WORK EXPERIENCE (list the most recent position first)
This section must be completed in full, do not indicate “see resume”.

Employer:

Address:

Dates of Employment (month/year FROM TO Supervisor’s Name

Position/Title:

Description of Duties:

Reason for Leaving: