



8455 COUNTY RT. 125
CAMPBELL, NY 14821
PHONE • (607) 527-9800
FAX • (607) 527-9863

• EMPLOYMENT APPLICATION •

POSITION: _____

NAME: _____ DATE: _____

ADDRESS: _____

SSN: _____

PHONE(S) _____

CERTIFICATIONS HELD OR APPLIED FOR: _____

HAVE YOU EVER BEEN DENIED TENURE? _____

ARE YOU PRESENTLY UNDER CONTRACT? _____

DATE YOU COULD BE AVAILABLE TO WORK: _____

BRIEFLY STATE THE CONDITION OF YOUR HEALTH: _____

MILITARY SERVICE (IF ANY) _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? _____
(IF YES, PLEASE INCLUDE A LETTER OF EXPLANATION)

EDUCATIONAL / PROFESSIONAL TRAINING

	SCHOOL	DEGREE	GRAD YEAR	DATES OF ATTENDANCE
HIGH SCHOOL				
COLLEGE				
GRAD WORK				

PRACTICE TEACHING EXPERIENCE

SCHOOL	LOCATION	DATES	SUPERVISING TEACHER	GRADE LEVEL SUBJECT

TEACHING EXPERIENCE

SCHOOL	GRADE/SUBJECT	DATES WORKED	NO. OF YEARS

NON-TEACHING EXPERIENCE

FIRM OR ORGANIZATION	LOCATION	DATES	POSITION

REFERENCES

NAME	ADDRESS	PHONE	POSITION