



8455 County Rt. 125, Campbell, New York 14821

Phone ♦ 607-527-9800

Fax ♦ 607-527-9863

CAMPBELL-SAVONA CENTRAL SCHOOL EMPLOYMENT APPLICATION

POSITION DESIRED: _____

SUBSTITUTES ONLY PLEASE CHECK ALL INTERESTED POSITIONS

- ELEMENTARY (PK-6)
 JR/SR HIGH (7-12)
 DISTRICT
 OTHER _____
- Teacher
 Teaching Assistant
 Classroom Aide
 Clerical
 Transportation
- Nurse
 Custodial
 Maintenance
 Food Service

APPLICANT INFORMATION

Name:

Date of birth:		Home Phone:
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Driver's License #:	Issuing State:	Cell Phone:
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Current address:

City:	State:	ZIP Code:
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Email Address:

Certifications Held/Applied For:

Fingerprints Cleared through NYSED? Yes No Appointment Scheduled

Attach documentation or schedule an appointment with Kelly Costa at 607-527-9800 x1403

Finger prints must be cleared before hire date.

Have you ever been denied tenure? Yes No Not Applicable

Are you presently under contract? Yes No Not Applicable

Date available to begin:

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 COMPLETE ALL THAT APPLY

High School:

Address:	Year/Month Graduated:
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Degree:	Dates of Attendance:
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College:

Address:	Year/Month Graduated:
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Degree:	Dates of Attendance:
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Graduate Studies:

Address:	Year/Month Graduated:
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Degree:	Dates of Attendance:
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PRIOR TEACHING/EMPLOYMENT EXPERIENCE

Employer:

Address: _____ Position: _____

Number of years: _____ Dates Worked: _____

Employer:

Address: _____ Position: _____

Number of years: _____ Dates Worked: _____

Employer:

Address: _____ Position: _____

Number of years: _____ Dates Worked: _____

REFERENCES

Name:

Address: _____ Position: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Phone: _____

Name:

Address: _____ Position: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Phone: _____

Name:

Address: _____ Position: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Phone: _____

Name:

Address: _____ Position: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Phone: _____

DECLARATION

All information provided in this application is accurate to the best of my knowledge. I understand that I must submit a complete application packet to be considered for a position. Application packet consists of a completed application, fingerprints on file with the NYS Education Department, and copies of certifications if applicable. I hereby authorize CSCS to make contacts necessary for my employment.

Signature of applicant _____ Date _____