

PROFESSIONAL APPLICATION

ISLAND TREES UNION FREE SCHOOL DISTRICT
74 FARMEDGE ROAD
LEVITTOWN, NEW YORK 11756

New York State Human Rights Law prohibits discrimination because of age, disability, national origin, race, religion or sex. Island Trees UFSD is An Equal Opportunity Employer.

Position(s) Desired: _____ Write grade levels or special departments desired, in order of preference.

Check one or both: Full time 1. _____
Substitute 2. _____
3. _____

Name _____
Last First Middle

Any other name by which you have been known _____

Mailing Address _____ Tel. _____

_____ Social Security No. _____

What foreign language(s) do you speak? _____

CERTIFICATION (Please attach a copy of your certification to this application.)

Are you certified to teach in New York State? Yes No

Please list all Teaching Certifications:

Certificate #	Area	Effective Date	Initial	Prov.	Perm.
			(please check one)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you checked "no" above, please explain the status of your pending certification. _____

EDUCATIONAL PREPARATION

Dates Attended		College/University	Major/Minor	Degree
From	To			

Circle scholastic average in all college work.

Undergraduate A A- B+ B B- C+ C C-
Graduate A A- B+ B B- C+ C C-

ALL SECTIONS MUST BE COMPLETED. IF A PARTICULAR SECTION DOES NOT APPLY TO YOUR EXPERIENCE OR BACKGROUND, WRITE "NONE" IN THAT SECTION.

EDUCATIONAL EXPERIENCE

REGULAR TEACHING OR PROFESSIONAL SERVICE

From	To	School and Location	Subject or Grade	Tenure Date	If full time, Annual Salary

STUDENT TEACHING OR INTERNSHIP

From	To	School and Location	Subject or Grade

NON-TEACHING EXPERIENCE (Camp, community, church and/or other work experience)

From	To	Organization/Employer	Address

MILITARY SERVICE

From	To	Branch	Rank	Total Mos.	Nature of Duty	Type/Disch.

**AWARDS, HONORS, PUBLICATIONS,
OFFICES HELD IN UNDERGRADUATE OR GRADUATE SCHOOLS**

INTERESTS AND HOBBIES

ORGANIZATIONS to which you belong or to which you have belonged, including those in undergraduate school.

PROFESSIONAL REFERENCES

Give the names of at least three people best qualified and willing to give an objective appraisal of your qualifications as a professional. Include principals and supervisors with whom you have worked. List names; do not write, "See my professional file."

NAME	ADDRESS	POSITION	TELEPHONE

Professional File may be obtained from: _____

PERSONAL REFERENCES

NAME	ADDRESS	POSITION	TELEPHONE

If you are related to a current district employee(s), please provide her/his name _____

CANDIDATE'S COMMENTS

This space offers you an opportunity to express yourself as a candidate. You may wish to discuss your professional goals, your philosophy of education, the development of your interest in education, some of the reasons why you feel you belong in a school system, or any other matters which you may feel are pertinent.

PRIOR TENURE RECORD

(All applicants must complete and sign the statement in order to assure compliance with provisions of Section 3012, Sub-division I, of the Education Laws of the State of New York.)

Have you ever received Tenure in any school district or Board of Cooperative Educational Services (BOCES) anywhere in New York State?

If yes, please indicate:

Name of School District or BOCES _____

Date Tenure Conferred _____

Have you ever been denied tenure or dismissed? Yes No

If yes, please list school district and explain:

Have you ever been convicted of a crime: Yes No

If yes, please explain:

AFFIDAVIT

1. In accordance with Education Law, Section 3000, I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge, according to the best of my ability, the duties of the position for which I am applying.
2. I (am) (will be) licensed in the public schools of the State of New York for the position I am applying. (cross out one)
3. That I have made and subscribed to the statements in the foregoing application, that to the best of my knowledge and belief I have submitted therein complete and accurate statements, and that such statements are true according to my information and belief.

Signature of applicant _____
Sign name in full

State of New York, County of _____ss:

Sworn to before me this _____ day of _____ 200__

Notary Public

**PLEASE REMEMBER TO ATTACH A COPY OF YOUR
NEW YORK STATE CERTIFICATION
TO THIS APPLICATION.**

