



EMPLOYMENT APPLICATION FORM

Phone: (716) 942-3100

FAX (716) 942-3440

Website: www.wvalley.org
 West Valley Central School District
 5359 School Street
 West Valley, NY 14171

POSITION FOR WHICH THIS APPLICATION IS BEING FILED

Teacher	Substitute (check area below)
Teacher Assistant	Teacher assistant aide
Teacher Aide	cleaner
Clerical	maintenance
Other	bus driver
	monitor

PERSONAL INFORMATION

Full Name: Last First Middle

Home Telephone Number Daytime Phone Number Cell Phone Number

Home 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? (click 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? (click one) Yes No
 If yes, please provide the details available to the employer within the law.

*Have you ever been convicted of a violation? (click one) 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? Yes No
If yes, please indicate:

<u>Subject Area</u>	<u>Initial</u>	<u>Professional</u>	<u>Initial Expiration Date</u>

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? Yes No
If yes, where? _____ When? _____

Tenure area(s)? _____

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

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

Have you been fingerprinted? 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:

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Position/Title:

Description of Duties:

Reason for Leaving:

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