
Last Name

First Name

Position Applied For

Date

CORTLAND CITY SCHOOL DISTRICT

1 Valley View Drive

Cortland NY 13045

Phone: (607) 758-4100

Fax: (607) 758-4128

EMPLOYMENT APPLICATION - ADMINISTRATION

PERMANENT ADDRESS

Street Number

City

State

Zip

LOCAL ADDRESS

Street Number

City

State

Zip

PHONE NUMBER:

Home

Work

EMAIL:

**HOW DID YOU HEAR
OF THIS VACANCY:**

PLEASE COMPLETE THE ENTIRE APPLICATION.

IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.

DO NOT WRITE, "REFER TO ACCOMPANYING RESUME."

Thank you for your inquiry about a position with Cortland City Schools. Applicants who are not US citizens must present written proof of employment eligibility to be considered for employment.

Only complete application packets will be reviewed. To be complete, an application must include the following items:

- a) Completed Application Form
- b) Cover Letter
- c) Resume
- d) Certifications
- e) Letters of Reference/Placement File
- f) Transcript

We're looking forward to reviewing your completed application.
You'll be notified if you're selected for an interview.

**Return completed application with attached resume to
the Personnel Office at the above address.**

The School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.

Equal Opportunity Employer

Administrative

A. PERSONAL INFORMATION

1. NYS Retirement System Number _____
2. Present Employer _____
- Address _____
- Phone _____
- Position _____ Salary _____
3. Earliest Date Available for Employment _____
4. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Yes No
5. Have you ever been convicted of a felony or misdemeanor?* Yes No
If yes, please explain (date, location, nature of act) _____

*No applicant will be excluded from consideration for employment due to prior arrests or convictions.

B. CERTIFICATION

7. I hold the New York State Teaching/Administrative Certificate(s) described below: (please provide copies)
- | | | | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|----------------------------------|-------|------|-------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Professional | <input type="checkbox"/> Provisional | <input type="checkbox"/> Initial | _____ | | |
| | | | | | Area | Date Issued |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Professional | <input type="checkbox"/> Provisional | <input type="checkbox"/> Initial | _____ | | |
| | | | | | Area | Date Issued |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Professional | <input type="checkbox"/> Provisional | <input type="checkbox"/> Initial | _____ | | |
| | | | | | Area | Date Issued |

If you do not have a New York State Administrative Certificate, have you applied for one? Yes No

Other licenses held; type and issuing authority _____

C. PRIOR TENURE RECORD

8. Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State? Yes No If yes, please indicate:
- Tenure area _____ Effective date _____
- Name of District /BOCES _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a?

Yes No

D. EDUCATIONAL PREPARATION (Please provide copy of transcripts for any college preparation.)

9. **Undergraduate**

Name and location High School, Community College, College	Nature of Studies			Degree
	Major	Minor	GPA	

10. **Graduate**

College (Graduate Degree) Have you taken courses which have resulted in the conferring of an advanced degree? If so, summarize.	Major Specialization	Number of Credits	GPA	Degree

11. **Miscellaneous Graduate Work:** Summarize Graduate work beyond the highest degree earned or graduate work not leading to a degree. Include number of credits earned and dates of attendance.

Name and Location of College or University	Major Area	No. of Credits	GPA

E. EDUCATIONAL WORK EXPERIENCE (List in Reverse Chronological Order)

If substitute teaching or part time teaching, indicate as such.

Dates:		Name of School District/State	Nature of Position Grade Level/Subject	Total Years	If full time, approximate annual salary
From	To				

F. OTHER WORK EXPERIENCE (List in Reverse Chronological Order)
(Business, Trades, Summer Occupations - Include Military Service)

Dates:		Firm or Institution (include address)	Nature of Position	Relation to Full-time Work
From	To			

G. REFERENCES

Enter the following information for three persons who have closely observed your work as a professional. Please start with your most recent supervisor. DO NOT LEAVE ANY SPACE BLANK.

Name	Title	Organization	Telephone Number

H. APPLICANT'S STATEMENT: On a separate page and in your own handwriting, please describe:

- a. Why you are interested in this particular position?
- b. What particular strengths you would bring to our district?
- c. What additional personal information would you want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.

IMPORTANT: I understand that there will be an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information

gathered regarding my application will be the property of the employer and will not be released to me unless required by Federal or State statutes or regulations.

I certify that the information is accurate to the best of my knowledge, that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Applicant's Signature _____ Date _____