

Last Name	First Name	Position Applied For	Date
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Return application to: **CORTLAND CITY SCHOOL DISTRICT**
1 Valley View Drive
Cortland NY 13045
Phone: (607) 758-4100
Fax: (607) 758-4128
www.cortlandschools.org

EMPLOYMENT APPLICATION -INSTRUCTIONAL

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.
Only completed applications will be considered. To be complete, an application must include the following items:

- a) Completed Application
- b) Cover Letter
- c) Resume
- d) Certification
- e) Letters of Reference/Placement File
- f) Transcripts

You will be notified if you are selected for an interview.

Return all requested materials to the Personnel Office at the above address.
No staples please!

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

A. PERSONAL INFORMATION

1. NYS Retirement System Member? Yes No If yes, indicate 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

6. 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 |

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

Do you have an evaluation of your NYS certification status? Yes No (If yes, please enclose a copy)

Other licenses held; type and issuing authority _____

Have you completed a comprehensive teacher exam for certification? Yes No
(If yes, please list) _____

C. PRIOR TENURE RECORD

7. 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.)

8 Undergraduate

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

9. 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

10. 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

11. Student Teaching Experience (For candidates of 3 years or less experience)

School	Address	Dates	Supervising Teacher	Grades/Subject

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:

- Why you are interested in this particular position?
- What particular strengths you would bring to our district?
- 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 the Cortland City School District will make 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 by the District 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 _____