

Marathon Central School District

Date _____

Print Form

1 East Main Street
PO Box 339
Marathon, NY 13803
(607) 849-3251



Position Preference

- Teaching

 Administrative

 Non-Teaching
 Substitute Teaching

Subject _____

 Position _____

 Position _____

Personal Information

Name _____ Phone _____

Street/PO Box _____

City _____ State _____ Zip _____

Social Security Number _____

Do you have any impairment, physical, mental, or medical, which would interfere with your ability to perform the job for which you have applied?

Yes No

If yes, please explain: _____

Are you a U.S. citizen? Yes No If no, have you filed a declaration to become a citizen? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Are you an honorably discharged veteran? Yes No

Are you an exempt volunteer fireman? Yes No

"Enabling all students to achieve academic success, become responsible citizens, and realize their full potential".

Certification /License

I hold the New York State Teaching/Administrative Certificate(s) described below: (please provide copies)

	Area	Date Issued
<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certificate of Qualification		
<input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Certificate of Qualification		

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 certificate status? Yes No (if yes, please enclose a copy)

Other licenses held; type and issuing authority _____

Educational Experience

	Name and Location of School	Nature of Studies	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Location of School	Dates Attended	Nature of Studies
College (Undergraduate)*			Degree Date Granted
College (Graduate)*			
Vocational/Technical/ Trade*			

*please provide copy of transcripts

Teaching or Administrative Experience

List most recent experiences first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name and Address	Specific Nature of Position	Reason for Leaving

Other Work Experience

Dates Employed	Employer's Name and Address	Specific Nature of Position	Reason for Leaving
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Tenure Status

Were you ever granted tenure in a public school district in New York? Yes No if yes, please complete

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a? Yes No

Name and address of school district where tenure was granted? _____

Professional & Scholastic Organizations, Memberships, Honors

(Exclude the name or character organizations which indicates the race, creed, color, or national origin of its members)

Other Skills & Abilities

(e.g. coaching, ability to sign)

References

List four individuals having personal knowledge of your professional training, ability, experience, and personal character. Please include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Phone Number
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May we refer to your present employer? Yes No

May we refer to your former employer(s)? Yes No

Placement folder may be secured from:
(Name and Address)

Applicant's Statement

(Give any information which you think might be of value in considering you for a position).

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature _____

Date _____

Please return completed application to:

1 East Main Street
PO Box 339
Marathon, NY 13803
(607) 849-3251

EQUAL OPPORTUNITY EMPLOYER