

Pulaski Academy and Central School

2 Hinman Road • Pulaski, NY 13142
(315)298-5188 • FAX (315)298-4390

EMPLOYMENT APPLICATION FORM

1. Please fill out this application and forward it, with your letter of application and resume to the above address, or upload to OLAS. *Your application may be separated from other papers during the processing, please complete in full.*
2. Please request that your College Placement Office forward your credentials immediately (if applicable).
3. Applicants are asked not to contact members of the Board of Education regarding your application or candidacy.
4. To apply for substitute work, list subjects / grade levels: _____

POSITION FOR WHICH YOU ARE APPLYING

TEACHER	_____	ADMINISTRATOR	_____
CLERICAL	_____	SUBSTITUTE	_____
AIDE/MONITOR	_____	FOOD SERVICE	_____
BUS DRIVER	_____	MECHANIC	_____
CLEANER	_____	CUSTODIAL	_____
OTHER	_____		

PERSONAL INFORMATION

Full Name: Last First Middle Social Security #

Home Phone # Daytime Phone #

Home Address: Street City State Zip Code

Permanent Address: Street City State Zip Code

E-Mail Address: _____

Do you have a current driver's license? (circle) Yes No

If so, what type of license? (circle) Operator's Commercial

Issuing State: _____ Class: _____

Have you ever been convicted of a crime? (circle) Yes No

If yes, please give details: _____

OFFICE USE ONLY: Date Interviewed _____, 20____ Classification: _____

Interviewers: _____

Start Date _____, 20____ Rate of Pay \$ _____ Certification _____

AS _____ BS _____ MS _____ PHD _____ Comments: _____

CERTIFICATION INFORMATION:

If the position you are seeking requires certification, the following must accompany this application:

- Placement file/transcripts
- Copy of valid teaching certificate/license
- Resume

Do you hold a valid NYS Teaching Certificate/License? (circle) Yes No

If yes, please indicate:

Area	Permanent	Provisional	Prov. Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any valid certificates currently held in other states:

Area: _____ Issuing State: _____

Expiration Date: _____ Effective Date: _____

Did you ever acquire tenure in a New York State District? (circle) Yes No

If yes, where? _____ When? _____

Tenure Areas? _____

Have you ever been denied Tenure? _____

Have you ever left a position to avoid denial of tenure or resigned to avoid termination? _____

Have you successfully completed the LAST, ATS-W and CST? (circle) Yes No

Have you taken the required seminar on the identification of child abuse and neglect? (circle) Yes No

Have you taken the required seminar on school violence prevention? (circle) Yes No

Have you taken the required DASA course? (circle) Yes No

Have you received NYS fingerprint clearance for employment? (circle) Yes No

EDUCATIONAL BACKGROUND:

High School/University/College	Degree or Diploma	Field or Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

of Graduate School Credits: _____

WORK EXPERIENCE (list most recent experience first):

This section must be completed in full. **DO NOT INDICATE "SEE RESUME."**

Employer: _____ Telephone #: _____

Address: _____

Dates of Employment (month/year) From: _____ To: _____ Supervisor: _____

Position/Title: _____ Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____

Dates of Employment (month/year) From: _____ To: _____ Supervisor: _____

Position/Title: _____ Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____

Dates of Employment (month/year) From: _____ To: _____ Supervisor: _____

Position/Title: _____ Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____

Dates of Employment (month/year) From: _____ To: _____ Supervisor: _____

Position/Title: _____ Salary: _____

Description of Duties: _____

Reason for Leaving:



References

List four non-relatives willing to recommend you and be qualified to give information to show your fitness for the position you seek. DO NOT INDICATE "SEE RESUME."

Name	Address	Phone (home/business)	Occupation

Additional Information

Salary Expected: \$ _____ Date Available: _____

If a member: ERS# _____ TRS# _____

Briefly explain your reason for applying for this position and why you feel you should be hired.

How did you hear about this opening? Newspaper(classifieds)_____ Teacher Recruitment_____

Vacancy Notice_____ College Placement Office_____ Pulaski Employee _____

Other (describe) _____

I understand that Pulaski Academy and Central School will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named herein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability in providing this information.

Can Pulaski Academy and Central School contact your current employer? (circle) Yes No

Applicant's Signature: _____ Date: _____

Pulaski Academy and Central School will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition or disability, or any other legally protected status.