

PROFESSIONAL APPLICATION  
**CANASTOTA CENTRAL SCHOOLS**

Administrative Offices  
 120 Roberts Street  
 Canastota, New York 13032  
 Phone: (315) 697-2025

**APPLICATION FOR POSITION AS:**  
 Position(s) Desired (in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_

Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(if different than current address)

Permanent Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (P.O. Box) (City) (State) (Zip)

Current Phone: \_\_\_\_\_ U.S. Citizen:  Yes  No Social Security No.: \_\_\_\_\_ NYS Teachers Retirement No.: \_\_\_\_\_

Do you have any impairments, physical, mental, or medical, which would prevent you from performing in a reasonable manner the activities involved in the job or occupation for which you are applying? \_\_\_\_\_

**Please complete all items on this application form:**

**PROFESSIONAL TRAINING** (Please list most recent first)

Name & Address of institution attended. <small>(include high school, college and graduate schools)</small>	Major	Semester Hours	Degree

**STUDENT TEACHING OR INTERNSHIP EXPERIENCE**

Name of School	Address	Subject and/or Grade	Immediate Supervisor	From	To

**PROFESSIONAL EXPERIENCE** (Please list most recent first)

Name of School	Address & Phone No.	Subject and/ or Grade	Immediate Supervisor	From	To	Reason for Leaving	Salary

**OTHER WORK EXPERIENCE**

Name of Employer	Address & Phone No.	Position and Nature of Work	From	To	Reason for Leaving

Please estimate work time loss due to illness in last 5 years: \_\_\_\_\_ (No. of Days)

**MILITARY SERVICE**

Branch	Rank	Duties	Dates	Type of Discharge

**SPECIAL ABILITIES**

List here extra-curricular athletic or special interest areas which you would be willing to sponsor. Rank them according to your own estimate of competency.

List those activities, family responsibilities, church or club work, or other additional experience that you care to furnish which would improve your candidacy.

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### CERTIFICATION OF DETAILS

Area/Grade Level(s)	Type (Prov., Perm.)	Issuing State	Date Received	Valid Until	Certificate Number

Were you ever granted Tenure in New York State? \_\_\_\_\_

National Teacher Examination - Please indicate performance in each area:

Communication Skills Pass \_\_\_\_\_ Fail \_\_\_\_\_ General Knowledge Pass \_\_\_\_\_ Fail \_\_\_\_\_ Professional Knowledge Pass \_\_\_\_\_ Fail \_\_\_\_\_

### REFERENCES

(Please list references who would have knowledge of your qualifications for the position)

Name	Address & Phone No.	Position	

Office transcripts should be forwarded to the District as soon as possible. List name and address of agency from which your placement folder may be obtained.

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