



CITY SCHOOL DISTRICT OF NEW ROCHELLE

515 North Ave.
New Rochelle, NY 10801
Tel. 914 576-4213; Fax. 914-576-9437

CERTIFIED APPLICATION

Date _____

POSITION PREFERENCE

ELEMENTARY (K-5)

MIDDLE SCHOOL (6-8)

HIGH SCHOOL (9-12)

OTHER

e.g., Guidance,
Administrative/Supervisory,
Special Education, Social
Worker, Teaching Assistant
Specify: _____

Grade Level: _____ Subject(s): _____

Specify Preference: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Other Name(s): _____ Social Security #: _____
Maiden name, change of name, etc.

PRESENT MAILING ADDRESS

PERMANENT MAILING ADDRESS

Street			Street		
City	State	Zip	City	State	Zip

Telephone# _____ Cell Phone# _____

E-mail _____

N.Y.S. Retirement System Member? Yes No If yes, please indicate number: _____

Estimate your total absence from work or school for the last five years: _____

Have you been fingerprinted? Yes No If yes, where? _____ Date: _____

Are you a U.S. Citizen? Yes No If no, are you legally eligible to work? Yes No

Do you have any disability which would prevent you from performing, with or without accommodation, those activities involved in the position for which you are applying Yes No

CERTIFICATES

List all teaching and administrative certificates you hold; if pending, so indicate.

State	Date Issued	Date Expires	Subject Validity	Certificate Number

EDUCATIONAL PREPARATION

Name & Location of School	Nature of Studies		Diploma or Degree	
High School	Major	Minor		
Undergraduate College/University	Major	Minor		
Graduate University	Area of Specialization		# of Credits	Degree
Graduate work completed beyond the highest degree earned or graduate work not leading to a degree.	Area of Specialization		# of Credits	Additional Information

Scholastic Honors _____

Undergraduate: Circle scholastic average of all college work A A- B+ B C+ C C-

Graduate: Circle scholastic average of graduate work A A- B+ B C C-

PROFESSIONAL EXPERIENCE

List most recent experiences first. Do not omit any employment. Failure to provide a complete employment record will disqualify you from employment in the City School District of New Rochelle.

Dates From/To	Name & Location of School	Nature of Position (grade level, subject, etc.)	Total Years	Annual Salary

Student Teaching: If fewer than 5 years of regular full-time employment, include student teaching experience here.

Years	Name and Location of School	Subject or Grade Level

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, addresses, publications, organizational membership, committee memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc.)

OTHER NON-TEACHING WORK EXPERIENCE

Dates	Firm or Institution	Nature of Work	Full-time Employment	Summers, Vacation Periods, Etc.

PRIOR TENURE RECORD

All applicants must complete and sign this statement in order to ensure compliance with provisions of Section 3012, Subdivision 1, of the Education Laws of the State of New York.

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 _____
(Name of School District or BOCES) Address

(Date of Tenure) (Tenure Area) (Signature) (Today's Date)

UNITED STATES ARMED SERVICES RECORD

Dates From/To	Branch	Highest Rank	Total Months	Did you receive a dishonorable discharge?
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL SKILLS AND ABILITIES RELATED TO POSITION

NEPOTISM AND SIGNIFICANT RELATIONSHIPS

Have you any relatives or close friends working for the School District or serving on the Board of Education?

Yes No If yes, please explain: _____

MORAL CHARACTER

Please answer the following questions. If you answer "Yes" to any of the following questions, please attach an explanation in the space provided below.

1. Have you ever been convicted of a crime, other than minor traffic violations? Yes No
2. Are any criminal charges pending against you for any offense, other than minor traffic violations? Yes No
3. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action? Yes No
4. Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment? Yes No
5. Have you ever been disqualified for employment for any civil service position? Yes No
6. Have you ever been discharged or required to resign from any position, other than layoff due to reduction in workforce? If so, please explain the circumstance. Yes No
- 7 a) Have charges been preferred against you by an employer? If so, please explain the circumstance. Yes No
b) Were the charges sustained? Yes No
8. Have you ever resigned as an alternative to facing charges or dismissal? If so, please explain the circumstance. Yes No
9. Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprint or medical record? Yes No
10. Have you ever had any professional certificate or license denied, revoked, or Suspended by any government agency? If so, please explain the circumstance. Yes No
11. Has the Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? If so, indicate on a Confidential Attachment the date and nature of the finding, name of court and name of judge. Yes No

REFERENCES

Provide the names of three persons who have closely observed your work as a professional or as a student. **Do not** include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include practice teaching supervisor's recommendation.

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

List college placement office where your confidential record may be obtained.

My signature below for the City School District of New Rochelle to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal and/or professional references, activity on social networking sites, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the City School District of New Rochelle and the reference source from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the City School District of New Rochelle.

Signature of applicant _____ **Date** _____

The City School District of New Rochelle, does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy of non-discrimination includes the recruitment, hiring and advancement of employees; salaries, pay and other benefits, or educational programs.

DATED: 11-6-19/JC