



*St. Joseph's
School
for the Deaf*

1000 Hutchinson River Parkway
Bronx, NY 10465-1899

718.828.9000
FAX: 718.792.6631
www.SJSDNY.org

Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

EDUCATIONAL STAFF

DATE AVAILABLE: _____

NAME _____ DATE: _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CELL _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____

DESIRED SALARY \$ _____

How did you hear about our school? _____

In case of emergency, whom should we notify?

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE: _____

CITY _____ STATE _____ ZIP CODE _____

- 1. Are you a citizen of the United States? YES NO
If no, do you have the legal right to become employed in the U.S? YES NO
- 2. Are you currently employed? YES NO
If yes, may we contact your present employer? YES NO
- 3. Are you currently on "lay-off" status and subject to recall? YES NO
- 4. Are you at least 18 years of age? YES NO

5. Do you have any military or reserve obligations? YES NO
 If yes, please explain: _____

6. Do you have relatives working at St. Joseph's School for the Deaf? YES NO
 If yes, please list: _____

CERTIFICATION (Copies of Certificates are required)

Certification Area	State of Issuance	Effective Date	Check type of Certification:		
			Provisional	Permanent	Other

EDUCATIONAL RECORD (List all Schools, Colleges, Universities attended)

NAME & LOCATION	FROM: Month/Year	TO: Month/Year	DID YOU GRADUATE?	DIPLOMA/ DEGREE	MAJOR

Have you ever worked or applied for work in a 4201 School in New York State? YES NO
 If yes, please indicate name of school(s): _____

EDUCATIONAL QUESTIONNAIRE

1. What is your area of expertise? _____
2. Define credit hours: Education Courses _____
Practicum _____
3. Do you know and use Sign Language? _____
Which system? _____ Fluently? _____
4. Are you fluent in any other languages? _____
Speak: Read: Write:
5. Do you have any additional skills, abilities or qualifications that prepare you to work with exceptional children? _____

6. Are you computer literate? YES NO

EMPLOYMENT RECORD (List current or last position first)

1.	Name of Employer _____	From _____	To _____	Mo/Yr	Mo/Yr
	Address _____	()			Telephone _____
	City _____	State _____			Zip Code _____
	Type of Business _____				Name of Supervisor _____
	Position Description (Teachers = Include Grades taught) _____				
	Circle One: Full-Time/Part-Time/Substitute				
	Reason for leaving _____				

EMPLOYMENT RECORD (Continued)

2. _____ From _____ To _____
Name of Employer Mo/Yr Mo/Yr

_____ () _____
Address Telephone

_____ _____ _____
City State Zip Code

_____ _____
Type of Business Name of Supervisor

Position Description (Teachers -Include Grades taught)

Circle One: Full-Time/Part-Time/Substitute

Reason for leaving

3. _____ From _____ To _____
Name of Employer Mo/Yr Mo/Yr

_____ () _____
Address Telephone

_____ _____ _____
City State Zip Code

_____ _____
Type of Business Name of Supervisor

Position Description (Teachers -Include Grades taught)

Circle One: Full-Time/Part-Time/Substitute

Reason for leaving

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

- List two professional and one personal reference

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

1. I certify the above information is true and complete and I understand that falsification or incomplete information are grounds for immediate dismissal.
2. I understand that my signature below and the information I provided establishes no obligation on your part to employ me and that there has not been any implied or expressed guarantee that my preparation of this employment application will result in my employment.
3. If I am employed, I agree to and will abide by the rules as outlined in the Personnel Policies.
4. I hereby give my consent to the administration of St. Joseph's School for the Deaf to seek professional and personal references in connection with my application for employment.
4. I understand that my employment is "at will" and may be terminated by myself or St. Joseph's School for the Deaf at anytime with or without cause or prior notice.

Applicant's Signature

Date

St. Joseph's School for the Deaf is an Equal Employment Opportunity Employer that does not discriminate on the basis of race, disability, religion, gender, age or national origin in its employment practices and access to its school programs.

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FOR OFFICIAL USE ONLY

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Interviewed By:	Date:
Interviewed By:	Date:
Interviewed By:	Date:

(Revised: 4/03)