



# FRANKLIN CENTRAL SCHOOL

## Application For Employment

Submit application, résumé, certification, and placement folder to:

**Franklin Central School District, PO Box 888, Franklin, NY 13775 • 607-829-3551**

SUBMISSION OF A RÉSUMÉ DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION.  
DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital or veteran status.

(PLEASE PRINT)

### POSITION PREFERENCE

POSITION APPLYING FOR: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

TYPE OF EMPLOYMENT:

☐ Full-time ☐ Part-time  
☐ Substitute ☐ Temporary ☐ Summer

ARE YOU WILLING TO BE A SUBSTITUTE?

☐ Yes ☐ No

FOR WHICH POSITION (please circle areas of interest)?

☐ Teacher (Min. 2 yr. degree) ☐ Building Aide ☐ Kitchen Aide  
☐ Custodian ☐ Nurse ☐ Clerk ☐ Bus Driver

FOR WHICH GRADES?

☐ K-3 ☐ 4-5 ☐ 7-8 ☐ 9-12

WHICH DAYS ARE YOU AVAILABLE?

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education

(Criminal History Record Check for Prospective School Employees and Applications for Certification)?

☐ Yes ☐ No Where \_\_\_\_\_ When \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ ☐ HOME PHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ ☐ WORK PHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ ☐ CELL PHONE: ( ) \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ ☐ PHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ DATES TEMPORARY ADDRESS IS APPLICABLE: \_\_\_\_\_

\_\_\_\_\_

Please check the box next to the phone number you can be reached at between 6:30 and 7:30 a.m.

### CERTIFICATION/PROFESSIONAL LICENSE

(For teaching positions or certified teaching substitutes)

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

Area

☐ Professional ☐ Initial \_\_\_\_\_

☐ Professional ☐ Initial \_\_\_\_\_

☐ Permanent ☐ Provisional \_\_\_\_\_

☐ Permanent ☐ Provisional \_\_\_\_\_

If you do not have a New York State Teaching Certificate, have you applied for one? ☐ Yes ☐ No

Other licenses held: type and issuing authority \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Provide copies)

## EDUCATION

**\*A high school diploma/GED is required for all positions.**

*It is the applicant's responsibility to have official transcripts, placement folder, and copy of certification forwarded to the personnel office.*

NAME AND LOCATION OF SCHOOL	MAJOR/MINOR			GRADUATE?
High School				
NAME AND LOCATION OF SCHOOL	DATES ATTENDED	SEM. HOURS	MAJOR/MINOR	DEGREE
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade				

## STUDENT TEACHING

*(For teaching positions only.)*

DATES	NAME AND LOCATION OF SCHOOL	SUBJECT OR GRADE LEVEL	COOPERATIVE TEACHER

## TENURE STATUS

*(For teaching positions only.)*

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State? ☐ Yes ☐ No

If **yes**, complete:

TENURE AREA	DATE GRANTED	NAME AND ADDRESS OF SCHOOL WHERE TENURE WAS GRANTED

## OTHER INFORMATION

HAVE YOU EVER BEEN RELEASED OR ASKED TO RESIGN FROM AN EMPLOYMENT POSITION?: ☐ Yes ☐ No

If **yes**, explain:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL VIOLATION, EXCLUDING MINOR TRAFFIC OFFENSES?: ☐ Yes ☐ No

If **yes**, explain:

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?: ☐ Yes ☐ No BRANCH: \_\_\_\_\_

WERE YOU DISHONORABLY DISCHARGED FROM THE U.S. ARMED FORCES?: ☐ Yes ☐ No

If **yes**, explain:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ☐ Yes ☐ No

*Upon employment, you will be asked to produce two original forms of identification.*

## EMPLOYMENT HISTORY

Begin with most recent. Indicate name worked under if different.

EMPLOYER	PHONE	DATES EMPLOYED		
		FROM	TO	
ADDRESS		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time		
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.		
IMMEDIATE SUPERVISOR, TITLE & PHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

EMPLOYER	PHONE	DATES EMPLOYED		
		FROM	TO	
ADDRESS		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time		
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.		
IMMEDIATE SUPERVISOR, TITLE & PHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

EMPLOYER	PHONE	DATES EMPLOYED		
		FROM	TO	
ADDRESS		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time		
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.		
IMMEDIATE SUPERVISOR, TITLE & PHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

EMPLOYER	PHONE	DATES EMPLOYED		
		FROM	TO	
ADDRESS		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time		
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.		
IMMEDIATE SUPERVISOR, TITLE & PHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

## REFERENCES

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last administrator whom we may contact for a personal or professional reference.

NAME	ADDRESS
POSITION	PHONE

  

NAME	ADDRESS
POSITION	PHONE

  

NAME	ADDRESS
POSITION	PHONE

## PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (e.g., Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

## APPLICATION CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_