

**BABYLON UNION FREE SCHOOL DISTRICT
50 RAILROAD AVENUE
BABYLON, NEW YORK 11702
(631) 893-7915**

**APPLICATION
of**

Name _____

Social Security No. _____

Present Address _____

Until _____ Phone _____

Permanent Address _____

Phone _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY NEW YORK STATE CERTIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY A MEMBER OF THE N.Y.S. TEACHERS' RETIREMENT SYSTEM? IF SO, MEMBERSHIP #

FOR POSITION AS TEACHER OF:

(INDICATE GRADES OR SUBJECTS IN ORDER OF PREFERENCES)

Date: _____

We are an equal opportunity employer. We will take affirmative action to ensure that during the interview process and employment, applicants and employees are treated without discrimination based on age, race, creed, color, national origin, sexual orientation, sex, genetic predisposition or carrier status, disability, or marital status.

Instructions: In filling out the application, you are requested to furnish complete and accurate information concerning your employment. All applications are verified. A false or incomplete application will not be considered and can be used as a reason for discharge. Our acceptance of this application is no guarantee that you will receive an appointment.

EDUCATION

NAME OF SCHOOL AND ADDRESS (Include High School, College, Graduate Work and Summer Sessions in Order Taken)	DEGREE OR DIPLOMA	MAJOR SUBJECT	MINOR SUBJECT

RELATED PROFESSIONAL EXPERIENCE

DATES		NAME OF SCHOOL AND ADDRESS (in order)	NATURE OF WORK (Grade level, subject, etc. Indicate if substitute teaching, practice teaching, full-time or part-time position.)
FROM	TO		

OTHER WORK EXPERIENCE

DATES		FIRM OR INSTITUTION	NATURE OF WORK
FROM	TO		

MILITARY SERVICE

SERVICE BRANCH	DATE ENTERED*	DATE DISCHARGED*	HIGHEST RANK	NATURE OF SERVICE EXPERIENCE

*Optional (A dishonorable discharge is not an absolute bar to employment and that other factors will affect a final decision)

CERTIFICATION

CERTIFICATION AREA(S)	PROVISIONAL OR PERMANENT	CERTIFICATE NUMBER	EFFECTIVE DATE	EXPIRATION DATE	STATE ISSUED BY

If not presently certified, please explain: _____

TENURE

Have you ever been granted tenure in New York State?
 (If "Yes," please complete the following information.) YES NO

TENURE AREA	EFFECTIVE DATE OF TENURE	NAME AND ADDRESS OF SCHOOL DISTRICT

ADDITIONAL INFORMATION

PLEASE ANSWER YES OR NO TO THE FOLLOWING.

	YES	NO	N/A
1. Are you a U.S. Citizen?			

PLEASE ANSWER YES OR NO TO THE FOLLOWING. IF YOU ANSWER YES TO ANY QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED.

	YES	NO	N/A
2. Do you have a relative who works for the District or who serves on the Board of Education?			
3. Have you ever been discharged from a position or resigned rather than face discharge?			
4. Have you ever been employed in any State other than New York?			
5. Have you ever faced disciplinary charges or resigned rather than face such charges in this or any other state?			
6. Have you ever been denied tenure in this or any other state?			
7. Has your teaching certificate or any other professional license or certificate ever been suspended, revoked or voluntarily surrendered in this or any other state?			
8. Has any court in this or any other state, received a plea of guilty or a plea of not guilty from you for any reason, or deferred further proceedings without entering a finding of guilty and placed you on probation?			
9. Are any criminal charges pending against you in this or any other state? (Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, and the relationship between the offense and the position for which you are applying.)			
10. Is there any reason, physical or otherwise, that you cannot perform the essential functions of the job for which you have applied. (Medical examination is required for all positions)			
11. Have you filed an application with, or been employed by our schools before?			
12. Are you presently under contract with any school district for the present school year?			

Explanation:

Item # _____

Item # _____

Item # _____

Item # _____

REFERENCES

These should be persons qualified to give any information to show your fitness for the position you seek. Please include superintendents and principals under whom you have taught.

COLLEGE PLACEMENT FOLDER is available from: _____

LIST PROFESSIONAL REFERENCES:

	NAME/TITLE	ADDRESS	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify and affirm that I have provided true, accurate, correct and complete answers and statements in response to all questions herein, with the full knowledge that all information provided by me will be relied upon by the Babylon Union Free school district in considering me for employment. I understand that any omission or false statement made by me will result in failure to employ me, be sufficient grounds to discharge me should I become employed by Babylon Union Free School District, and may result in my criminal prosecution in accordance with applicable State and Federal laws and Regulations.

I authorize the Babylon Union Free School District to conduct any investigation in deems necessary with respect to the information contained herein. I also authorize the Babylon Union Free School District to contact and obtain from any former employer, present employer, schools, colleges and universities, personal references, and/or other persons, any information they may have concerning my character, general reputation, personal characteristics, any criminal record, and employment and education record.

I have read and affirm as my own the above statements.

 SIGNATURE _____ DATE

APPLICANT WILL NOT WRITE IN SPACES BELOW

DATE	PERSON INTERVIEWING	COMMENTS