

# Application for Employment

## BRASHER FALLS CENTRAL SCHOOL

P.O. Box 307, 1039 State Hwy. 11C  
Brasher Falls, New York 13613  
(315) 389-5131

1. Complete this application form and forward it to the Superintendent's Office
2. Include a resume with your cover letter and at least two letters of recommendation with this application, *if applying for a teaching/administration position.*
3. Request that your college transcripts be forwarded as soon as possible, *if applying for a teaching/administration position.*
4. Forward copies of teaching/administration certificates with this application, if applicable.

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

Other Name(s), current or previous, under which you are or have been employed: \_\_\_\_\_

\_\_\_\_\_  
(Home/Mailing Address) (City) / (Town) (State) (Zip)

\_\_\_\_\_  
(Email Address) (Telephone) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applied for: \_\_\_\_\_  Full-time  Part-time  Substitute

Grade Level: *Please circle* ES (PreK/Kdg – Grade 4) MS (Grades 5 – 8) HS (Grades 9-12)

U.S. Citizen: Yes / No If not a citizen, indicate type of Visa: \_\_\_\_\_ Alien Reg. No. \_\_\_\_\_

Have you ever been convicted of a crime or have any criminal charges pending against you? Yes / No If yes, please explain.  
\_\_\_\_\_

Have you ever been dismissed from a position or denied Tenure? Yes / No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Previously employed here? Yes / No If yes, when \_\_\_\_\_

Have you ever been fingerprinted for the purpose of obtaining employment with a NYS Public School District? Yes / No

Are you a member of the NYS Retirement System? Yes / No If Yes, Retirement No. \_\_\_\_\_

Certification: Type of Certification/License	State	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tenure: Have you ever been appointed tenure as a teacher in a public school system in NYS? Yes / No  
Have you ever been denied tenure? Yes / No Position \_\_\_\_\_

School	Name	City/State	Years Completed	Degree
High School				
College				
Graduate				
Other Special Training				

Please list your college extracurricular activities: \_\_\_\_\_

**Student Teaching:** \_\_\_\_\_  
Name of School \_\_\_\_\_ Cooperating Teacher \_\_\_\_\_ Principal \_\_\_\_\_

From / To: \_\_\_\_\_ Telephone No. of School \_\_\_\_\_

**Student Teaching:** \_\_\_\_\_  
Name of School \_\_\_\_\_ Cooperating Teacher \_\_\_\_\_ Principal \_\_\_\_\_

From / To: \_\_\_\_\_ Telephone No. of School \_\_\_\_\_

**Experience: (most recent first)**

Please provide information covering employment experience, including time spend in the military service, if any. Use the comments area at the end of this section on experience to account for any gaps in your employment.

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

From		To		Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.		

Describe work you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

From		To		Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.		

Describe work you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

From		To		Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.		

Describe work you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

From		To		Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.		

Describe work you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on your work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:**

What types of machines and equipment can you operate? (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any applicable volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Please give any other information on your experience or abilities which you believe would assist us in evaluation your qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

List any other persons, not relatives, who have personal knowledge of your employment or educational capabilities:

Name/Occupation	Telephone No.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant:** We appreciate the time and interest you have taken making this application to Brasher Falls Central School District. If you have other questions concerning employment in Brasher Falls Central School District or the community itself, we will make every effort to answer them for you.

**Notice:** (New York State Penal Law Section 210.45) – A person is guilty of making a punishable false written statement when they knowingly make a false statement, which they do not believe to be true, in a written instrument being a legally authorized form notice to the effect that false statements made therein are punishable. Make a punishable false written statement is a Class A Misdemeanor.

Brasher Falls Central School District is an equal opportunity employer.

**Please read this application and the following authorization over carefully, before signing.**

The information which I have provided on this application form is true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant my permission to Brasher Falls Central School to contact former and current employers, law enforcement agencies, educational institutions, licensing/certifying agencies, and personal references. I authorize any and all of the above individuals and agencies to provide Brasher Falls Central School with the information requested, so long as the information given is relevant to the job duties/responsibilities for which I have applied, and I hereby release from liability any such individual or agency contacted by Brasher Falls Central School in connection with my application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE