

**Byron-Bergen Central School**  
**6917 West Bergen Road**  
**Bergen, New York 14416**

**Application for Professional Employment**

*The District is an equal opportunity employer, and does not discriminate on the basis of age, race, national origin, color, creed, religion, sex, sexual orientation, marital status, non-disqualifying disability, or other legally protected characteristic.*

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Other Name\*)

PRESENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PERMANENT ADDRESS \_\_\_\_\_  
(If different from above) (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
(Area Code) (Phone Number) (Area Code) (Alt. Phone Number) (Social Security Number\*)

\*OPTIONAL: If additional information relative to a change of name, use of an assumed name, or nickname is necessary to enable a check on your record, please indicate social security number and that name.

**POSITION PREFERENCE**

POSITION DESIRED: \_\_\_\_\_  
(Please list grade/subject area in order of preference.)

INTEREST: (Check all that apply)

Full-Time       Part-Time       Long-Term Substitute       On-Call Substitute

**CERTIFICATION AREA(S)**

**(Attach a copy of each certificate listed)**

New York State Certification Type:  Permanent       Provisional       Initial       None

Certification Area(s)\*: \_\_\_\_\_

Other State Certification(s) (List State/Certification Area): \_\_\_\_\_

\*If certified, have you ever had your teaching certificate revoked or suspended?  Yes       No  
If "yes," please explain. \_\_\_\_\_

\*If certified, are you currently subject to a Part 83 proceeding?  Yes       No  
If "yes," please explain. \_\_\_\_\_

Are you a member of the New York State Teachers' Retirement System?  Yes       No  
If "yes," Membership Number: \_\_\_\_\_

## EDUCATION

School Attended	Location (City/State)	Type of Degree	Date of Degree	Major/Minor	GPA
<i>(High School)</i>					
<i>(Undergraduate)</i>					
<i>(Graduate)</i>					
<i>(Other)</i>					

## EXPERIENCE

### Student Teaching Experience

Name of School/ Location (City, State)	Grade or Subject Taught	Inclusive Dates From To Mo./Yr. Mo./Yr.	Name of Supervising Teacher	Home and Work Telephone Numbers (Include Area Code)
				H - W -
				H - W -
				H - W -
				H - W -

### Teaching Experience (Include assignments of a semester or more)

◆ \_\_\_\_\_  
*School/City & State* \_\_\_\_\_  
*Grade or Subject*

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Principal* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

◆ \_\_\_\_\_  
*School/City & State* \_\_\_\_\_  
*Grade or Subject*

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Principal* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

## Teaching Experience *(Cont'd.)*

◆ \_\_\_\_\_  
*School/City & State* *Grade or Subject*

\_\_\_\_\_ ( ) ( )  
*Principal* *Home Phone* *Work Phone*

Dates of Employment \_\_\_\_\_ Was Tenure Granted?  Yes  No

Reason(s) for Leaving? \_\_\_\_\_

## On-Call Substitute Experience

<i>District &amp; Location</i>	<i>Inclusive Dates From To Mo./Yr. Mo./Yr.</i>	<i>Grade(s) or Subject(s) Taught</i>	<i>Total Number of Days</i>

## \*Military or Additional Experience

<i>Employer &amp; Location</i>	<i>Inclusive Dates From To Mo./Yr. Mo./Yr.</i>	<i>Job Title</i>	<i>Name of Supervisor/ Telephone Number</i>

*\*A dishonorable discharge will not be considered a barrier to employment.*

## Related Professional Experience

List educational travel, lectures, organizational membership, etc., that you would consider relevant to your ability to perform the duties of this position. \_\_\_\_\_

\_\_\_\_\_

## OTHER

Are you authorized to work in the United States?  Yes  No

Have you been previously fingerprinted and had a criminal history record check by the State Education Department?  Yes  No If "yes," please state the date performed and list circumstances (e.g., employment at school district, etc.). \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime, or subject to current criminal prosecution?  Yes  No If "yes," please indicate specific circumstances regarding the criminal conviction or criminal prosecution. \_\_\_\_\_

\_\_\_\_\_

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Have you ever been disciplined by a previous employer (e.g., reprimand, fine, suspension, termination, etc.)?  Yes  No If "yes," please indicate specific circumstances regarding the disciplinary action. \_\_\_\_\_

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Please list any extra-curricular activities that you feel qualified to advise or coach. Specify those activities with which you have had experience. \_\_\_\_\_

### REFERENCES

List names of those who have closely observed your work as a teacher or a student. (In the case of experienced teachers, present and former superintendent, principals and other supervisors are preferred.)

<i>Name and Title</i>	<i>Address</i>	<i>Home and Work Telephone Numbers (include Area Code)</i>
		H - W -
		H - W -
		H - W -

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand the District will conduct an inquiry regarding my background and experience and I authorize participating districts to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. Please note upon acceptance that Education Law 3019-a requires a teacher who decides to resign from his/her position to file a written notice with the school at least 30-days prior to his/her resignation date. The teacher remains an employee during that period. A teacher who fails to provide the required 30-days notice could face the following penalties: censure, reprimand and/or certification revocation.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

