

# MAINE-ENDWELL CENTRAL SCHOOL DISTRICT

712 FARM TO MARKET ROAD  
ENDWELL, NEW YORK 13760  
PHONE (607) 754-1400

## PROFESSIONAL APPLICATION

Date available for employment: \_\_\_\_\_

### POSITION PREFERENCE:

<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> K</div><div>Elementary</div><div><input type="checkbox"/> 1-3 or <input type="checkbox"/> 4-6</div></div> <div style="margin-top: 10px;">Special Area: _____</div>	<div style="display: flex; justify-content: space-between;"><div>Secondary</div><div><input type="checkbox"/> MS    <input type="checkbox"/> HS</div></div> <div style="margin-top: 10px;">Subject Area: _____ or Special _____</div>	<div style="display: flex; justify-content: space-between;"><div>Other</div><div><input type="checkbox"/> e.g. Guidance, Psychologist, School Social Worker</div></div> <div style="margin-top: 10px;">Specify: _____</div>
Substitute <input type="checkbox"/>		

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CERTIFICATION (IF PENDING, SO INDICATE):

NAME CERTIFICATE ISSUED TO: \_\_\_\_\_

State	Date Issued	Date Expires	Subject Area	Type of Certificate	Certificate Number

Have you ever had certification denied, revoked or suspended? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION PREPARATION:**

<i>Name and Location of Institution</i>	<i>Nature of Studies</i>	<i>Diploma or Degree</i>	<i>Date Granted</i>
High School	Major		
	Minor		
Undergraduate	Major		
	Minor		
Undergraduate	Major		
	Minor		
Graduate	Major		
	Minor		

Graduate Hours Beyond Highest Degree: \_\_\_\_\_

Scholastic Honors: \_\_\_\_\_  
(College and High School)Scholastic average of all college work: ☐ A ☐ A- ☐ B ☐ B- ☐ C ☐ C-Scholastic average in major field: ☐ A ☐ A- ☐ B ☐ B- ☐ C ☐ C-**RETIREMENT:**

Are you a member of the New York State Teachers' Retirement System?

☐ Yes ☐ No

If yes, please list your retirement number: \_\_\_\_\_

**IF YOU ARE RETIRED FROM ONE OF THE FOLLOWING, PLEASE INDICATE BY CHECKING THE BOX FOR THE APPROPRIATE RETIREMENT SYSTEM:**

- ☐ New York State Teachers' Retirement System (TRS)  
☐ New York State Employees' Retirement System (ERS)  
☐ New York State Police and Fire Retirement System  
☐ New York City Teachers' Retirement System  
☐ New York City Employees' Retirement System  
☐ New York City Police Pension Fund  
☐ New York City Fire Department Pension  
☐ New York City Board of Education

**STUDENT TEACHING:**

Name and Location of School	Subject or Grade Level	From		To	
		Mo.	Yr.	Mo.	Yr.

**EDUCATIONAL EXPERIENCES:**

List most recent experience first. Include any substitute teaching experience, and indicate as such.

School Name & Address	From		To		Title & Duties of Position
	Mo.	Yr.	Mo.	Yr.	
	Total Years:				
	Salary:				
Supervisor's Name:					
Title:					
Telephone:					
Reason for leaving:					

School Name & Address	From		To		Title & Duties of Position
	Mo.	Yr.	Mo.	Yr.	
	Total Years:				
	Salary:				
Supervisor's Name:					
Title:					
Telephone:					
Reason for leaving:					

School Name & Address	From		To		Title & Duties of Position
	Mo.	Yr.	Mo.	Yr.	
	Total Years:				
	Salary:				
Supervisor's Name:					
Title:					
Telephone:					
Reason for leaving:					

**RELATED PROFESSIONAL EXPERIENCE:**

Professional (educational travel, lectures, addresses, publications, professional memberships, participation in educational experiments, innovations, special programs, community service)

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Total Years of Full-Time Experience in Last Ten Years: \_\_\_\_\_

**OTHER WORK EXPERIENCE (Business, Summer Occupations):**

Dates	Firm (Give Address)	Nature of Work

**OTHER INFORMATION:**

What has prompted your decision to make application to this School District? \_\_\_\_\_

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Why do you wish to leave your present position? \_\_\_\_\_

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**REFERENCES (Give names of four persons who have observed your work as a teacher or as a student.):**

Name	Official Position	Present Address	Telephone

Yes      No

- ☐ ☐ 1. Have you been granted tenure in a NYS public school? If yes, School District: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ ☐ 2. Have you ever been denied an appointment to tenure? If yes, School District: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ ☐ 3. Were your services as a teacher ever terminated because of unsatisfactory or unprofessional activity?  
If yes, please explain: \_\_\_\_\_
- ☐ ☐ 4. Have you ever been convicted of a crime? If yes, please describe fully the criminal conviction, listing the nature of the offense. A conviction record will not necessarily be a bar to employment.  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ ☐ 5. Are you qualified and willing to coach an athletic team or advise an extra-curricular activity? Please specify:  
\_\_\_\_\_
- ☐ ☐ 6. Are there any employers you do not want us to contact? If yes, indicate any employers you do not wish us to contact: \_\_\_\_\_
- ☐ ☐ 7. Have you filed an application with our District within the last twelve months? (Applications are kept on file for one year.)

Add by letter any supplementary professional or personal information which you think will assist us in the evaluation of your qualifications. Interviews will be arranged by appointment.

The facts set forth on this application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I do hereby authorize the Maine-Endwell Central School District's Director of Personnel or his/her designee to contact my former employers. The purpose of this release is to permit the Maine-Endwell Central School District's Personnel Office to obtain information on my work history, work record, as well as information about the performance of duty while at those employers referenced within. I also authorize the Maine-Endwell Central School District to utilize the information obtained as a part of my application for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print any other surnames (last names) by which you are or have been known.  
\_\_\_\_\_  
\_\_\_\_\_

The school district does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964 of Title IX of the Education Amendment of 1972 or Section 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law.