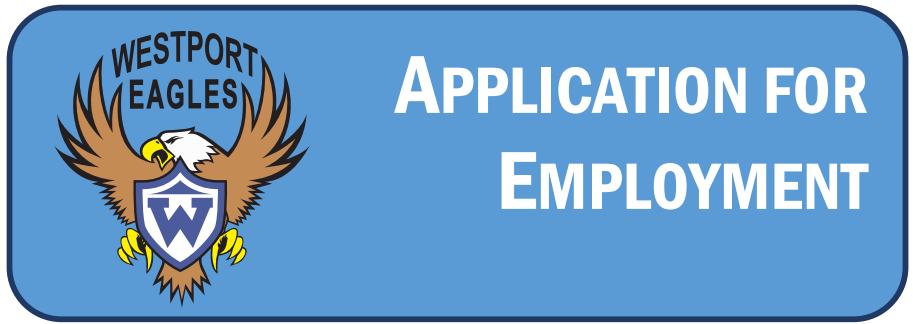


WESTPORT CENTRAL SCHOOL DISTRICT

25 SISCO ST.
WESTPORT, NY 12932
WWW.WESTPORTCS.ORG



INSTRUCTIONS FOR APPLYING: Please send a personal letter outlining your qualifications, along with this completed signed application form including a minimum of four (4) current professional references, three current letters of recommendation or up-to-date college placement folder, college transcripts, a current résumé and a copy of your NYS Certificates. Please forward to the following address:

SUPERINTENDENT
Westport Central School District
25 Sisco St.
Westport, NY 12993
(518) 962-8244
(518) 962-4571 fax

APPLYING FOR POSITION OF:

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Street	City/State/Zip	Telephone Number	
Retirement System No.		Are you a U.S. Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an Honorably Discharged Veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an Exempt Volunteer Firefighter?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you submitted fingerprints to NYSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION: LIST ALL CERTIFICATES ACCORDINGLY				
TITLE	CERTIFICATE NO.	VALID IN STATE OF	DATE ISSUED	DATE EXPIRES

If you don't possess a New York State Teaching Certificate, have you made application for one?

YES NO

Do you have an evaluation of your NYS certification status? YES (if yes please enclose a copy) NO

EDUCATIONAL PREPARATION			
HIGH SCHOOL	LOCATION	YEAR OF GRADUATION	NATURE OF STUDIES

COLLEGE (UNDERGRADUATE)	DATES ATTENDED	NATURE OF STUDIES	DEGREE	DATE GRANTED

COLLEGE (GRADUATE)	DATES ATTENDED	NATURE OF STUDIES	DEGREE	DATE GRANTED

VOCATIONAL/TRADE/TECHNICAL	DATES ATTENDED	NATURE OF STUDIES	DEGREE	DATE GRANTED

WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE			
LIST MOST RECENT EXPERIENCE FIRST. INCLUDE ANY SUBSTITUTE OR PART TIME WORK, AND INDICATE AS SUCH.			
DATES EMPLOYED	EMPLOYER'S NAME & ADDRESS	SPECIFIC NATURE OF POSITION & LAST SALARY	REASON FOR LEAVING

OTHER WORK EXPERIENCE

DATES EMPLOYED	EMPLOYER'S NAME & ADDRESS	SPECIFIC NATURE OF POSITION & LAST SALARY	REASON FOR LEAVING

TENURE STATUS

Were you ever appointed tenure in a public school district in New York State? YES NO

If 'yes' please list the Name and address of the school district where tenure was granted:

If 'yes' what tenure area? _____ Effective Date: _____

If you answer 'yes' to any of the following questions, please provide specifics on a separate sheet:

Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75?

YES NO

Have you ever had your Certificate revoked? YES NO

Have you ever received a Censure and/or Reprimand based on action of the Board of Regents?

YES NO

PROFESSIONAL ORGANIZATIONS, MEMBERSHIPS, HONORS

[Exclude organizations where the name or character of which indicates the race, creed, color, or national origin of its members.]

REFERENCES

LIST FOUR (4) INDIVIDUALS HAVING PERSONAL KNOWLEDGE OF YOUR PROFESSIONAL TRAINING, ABILITY, EXPERIENCE AND PERSONAL CHARACTER. INCLUDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR LAST SUPERVISOR WHO WE MAY CONTACT FOR A PERSONAL OR PROFESSIONAL REFERENCE.

NAME	POSITION	ORGANIZATION	ADDRESS & TELEPHONE NO.

May we refer to your present employer? YES NO

May we refer to your former employer(s)? YES NO

APPLICANT'S STATEMENT

PROVIDE ANY ADDITIONAL INFORMATION WHICH YOU THINK MIGHT BE OF VALUE IN CONSIDERING YOU FOR AN EMPLOYEE POSITION WITH WESTPORT CENTRAL SCHOOL DISTRICT.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of my employment.

Applicant Signature

Date