



Jamestown City School District

Application for Employment

197 Martin Road, Jamestown, NY 14701
(716) 483-4350 (716) 483-4289(fax)

Department of Human Resources

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Name _____ Social Security Number _____
Last First MI (Optional)

Current Address _____
Street City State and Zip Code

Current Phone Number _____ Email address or other contact _____

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Position Desired (check all that apply)

Teacher, Full Time (*Proof of, or application for, certification MUST be attached for FT teaching consideration*)
 Grade level(s) desired: Preschool K-4 5th-8th grade 9th-12th grade K-12
 Type of Certification: Qualification (CQ) Conditional Provisional Permanent Temporary
 Area(s) of certification _____ Certification in what state(s)? _____
 Previously tenured in New York State? No Yes If Yes, location and approximate date _____
 Approximate # of years full time teaching experience: 0-2 3-5 6-9 10+

Teacher, Substitute Certified or previously certified? Yes No (*Teacher certification desired, but not required*)
 Desired grade levels (check all you are interested in): Any/All K-4 5th-8th 9th-12th
 Areas of expertise in which you are willing to substitute (check all that apply): Any/All Special Education
Elementary Mathematics English Art Music Social/Global Studies Technology
Languages OR Sciences OR Other (specify content area(s)) _____

Administrative Principal Asst. Principal Director Coordinator Other _____
 Location or specific area applying for: _____ Certification? SAS SDA No

Support Paraprofessional (teacher aide) Custodian Maintenance Secretary Clerical
Food Service Computer Services Bus Driver Bus Monitor

Other position not listed above Specify job title or expected duties _____

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Personal Information Checklist

Willing to work (check all that apply): Full time Part time Temporary Substitute Any/All

When are you available: For interview _____ To begin employment _____

What is your highest level of education? Some schooling High School or GED Technical training Some college
Two-year college graduate Four-year college graduate Some graduate school Graduate school completed

Do you have a valid driver's license? (required for some positions) Yes No Type _____

Are you over 18 years of age? Yes No (*If no, you must provide valid work papers to be considered for employment*)

Can you provide proof that you are legally able to be employed in the United States? Yes No

Have you ever been convicted of a crime? No Yes (*per NYS law, answering yes may not be an automatic disqualification*)
 If yes, describe _____

Are you fluent in a language other than English? Yes No What language(s)? _____

List any special skills, talents, awards, and/or certifications that you believe relate positively to your ability to do the position for which you have applied: _____

Undergraduate Education (list in chronological order)

<i>Name and location of school (High School, Trade School, Community or other College)</i>	<i># of Years/ Credits</i>	<i>Nature of Studies</i>		<i>Degree or Certificate</i>
		<i>Major</i>	<i>Minor</i>	

Graduate Education

<i>Name and location of College</i>	<i>Major Specialization</i>	<i># of Credits</i>	<i>Degree</i>

Work Experience(Start with most recent. Attach additional sheets as needed.) List student teaching/internships on next page

References
 Mailed
 Phoned
Date _____

School/Company Name _____ Telephone (____) _____
 Dates of Employment: From _____ To _____ Latest annual or hourly wage _____
 School/Company Address _____
 Name of Supervisor _____
 Your job title and/or description of duties _____

 Reason for Leaving _____

References
 Mailed
 Phoned
Date _____

School/Company Name _____ Telephone (____) _____
 Dates of Employment: From _____ To _____ Latest annual or hourly wage _____
 School/Company Address _____
 Name of Supervisor _____
 Your job title and/or description of duties _____

 Reason for Leaving _____

References
 Mailed
 Phoned
Date _____

School/Company Name _____ Telephone (____) _____
 Dates of Employment: From _____ To _____ Latest annual or hourly wage _____
 School/Company Address _____
 Name of Supervisor _____
 Your job title and/or description of duties _____

 Reason for Leaving _____

References

We will contact the supervisor(s) you have listed above to ask for references regarding your work behavior. If you do NOT wish us to contact any of the work references, please indicate so in the box below. **In addition, please list below three personal references who are not relatives who can attest to your character and reputation. Please include name, complete address, and phone number.**

- 1) _____
- 2) _____
- 3) _____

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 : **DO NOT CONTACT** _____ (employer above) :
 : Because _____ :
 :

General comments you would care to make (optional): _____

Certification, Authorization, and Release

You MUST initial after reading each paragraph and sign this application at the bottom.

Certification and Verification: I certify and verify that the answers given by me to the interviewers, the references I have provided for verification, and all the information contained on this application form as well as on resumes and attachments are complete, true, and accurate to the best of my knowledge and belief.

Applicant Initials

False Statements Prohibition: I understand that any false information, omissions, or misrepresentations of fact in any of the above-referenced information may result in rejection of my application or discharge at any time during my employment.

Applicant Initials

Authorization to District: I hereby authorize the District to verify any and all information including, but not limited to, past and present employment, character, education, military service, criminal record, and Department of Motor Vehicle records, and to ascertain any and all information. Note: A criminal conviction may not be an automatic disqualification.

Applicant Initials

Authorization to Release Information and References: I hereby authorize all persons, educational institutions, former employers, companies, individuals, governments, and law enforcement authorities to release any and all information concerning my past and my background.

Applicant Initials

Waiver of Liability: I hereby release and absolve for any liability, for any damages whatsoever any and all persons, educational institutions, former employers, companies, individuals, governments, and law enforcement authorities for their responses in furnishing any and all information.

Applicant Initials

Validity: This authorization shall be valid for one year from the date of my signature and shall be equally valid for a duplicated copy of this page (as original will be retained by the Human Resource office).

Applicant Initials

The Jamestown City School District is an Equal Opportunity Employer and does not discriminate against any protected class in the provision of services or in its employment practices. If you feel you have not been treated fairly or require any special accommodation in the application process because of your race, color, national origin, sex, disability, age, or veteran status, contact the Director of Human Resources who is designated as the District Affirmative Action Officer for Title IX and Section 504 compliance at (716) 483-4498.

Applicant Signature

Date

For Human Resource use only

Approved as Substitute: Teacher (certified) Teacher (uncertified) Paraprofessional/Clerical

HR Director Review _____ Date _____

Date of Board Action _____