

# Employment Application

## Horseheads Central School District

One Raider Lane • Horseheads, NY 14845 • (607) 739-5601, x4211

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The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

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### Personal Information (Please type or print legibly)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
No. Street City State Zip

How long at this address (years/months)? \_\_\_\_\_

Previous name(s) by which you have been known in the last ten years \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary desired \_\_\_\_\_

How did you find out about this position?

\_\_\_\_\_ Newspaper \_\_\_\_\_ Vacancy Notice \_\_\_\_\_ Other – specify: \_\_\_\_\_  
\_\_\_\_\_ Walk-in \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Have you been employed previously by the Horseheads Central School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what date(s)? \_\_\_\_\_ Position(s)? \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a licensed driver? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type or class? \_\_\_\_\_

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Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

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## **Personal Information**

1. Have you ever resigned from a position rather than face disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has any disciplinary action been brought against you which resulted in your being discharged from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you ever had a teaching credential revoked, suspended, or annulled? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions above, **provide on a separate sheet the specifics or an explanation for the response.** If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

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## **United States Military Service**

Branch of Service \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

Did you receive an honorable discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A dishonorable discharge is not an absolute bar to employment. Other factors will affect the hiring decision).

Final rank \_\_\_\_\_ Service school(s) or special training \_\_\_\_\_

Reserve or National Guard training \_\_\_\_\_

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## **Tenure**

Have you ever been granted tenure in New York State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School District	Tenure Area	Effective date

## **Certificate/License**

Name of Certificate/License	Number	Type (i.e., temporary, adult ed., provisional, permanent)	Date issued	State

## **Employment**

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **This section must be filled out completely.** If you need additional space, please continue on a separate sheet of paper. [Key: F/T = full time P/T = part time]

Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	
Employer	Telephone	Dates Employed:	Work Performed
Address		From:	
Job Title		To:	
Supervisor		Check one: F/T _____ P/T _____	
Reason for leaving		List salaries below: Starting:	
		Final:	

Summarize **special skills, qualifications, and honors** achieved from employment, education, or other experience that would advance your candidacy: \_\_\_\_\_

List any other **organizations** (professional, volunteer, community service) to which you belong which relate to your candidacy: \_\_\_\_\_

**Education**

High School \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

College/University \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

Graduate School \_\_\_\_\_ Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

Type of Degree, Diploma or Certificate \_\_\_\_\_

Special Training \_\_\_\_\_

**References**

List below three (3) professional references who have observed your work.

Name	Address	Telephone

List below two (2) references, not related to you, who may be contacted.

Name	Address	Telephone

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

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