



# Clarence Central School District

9625 Main Street • Clarence, New York 14031-2083 • (716) 407-9107 • www.clarenceschools.org

## Application for Professional Employment

Date

### Position Requested

Please check preference <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute	Please indicate grade level preference <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <hr/> Please indicate grade choice, in order of preference <hr/> Please indicate subject/area choice, in order of preference
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Certification

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Initial

Current Address \_\_\_\_\_  
Number & Street City State Zip

Permanent Address \_\_\_\_\_  
Number & Street City State Zip

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Indicate if home, work, cell Alternate Number- Indicate if home, work, or cell

Are you a member of the New York State Teachers' Retirement System?  Yes  No

Retirement Number \_\_\_\_\_

Are you a member of another retirement system?  Yes  No

Name of system \_\_\_\_\_

Have you submitted your fingerprints to the NYS Education Department?  Yes  No

Have you ever been convicted of a crime, excluding minor traffic offenses?  Yes  No

Name

### Certification

Please copy exact wording from Certificate. Indicate if pending.

Title of Certificate Subjects and/or Grades	Provisional/Permanent/ Initial/Professional	Number	Effective Date	Expiration Date	State

For Office Use Only:

## Education

Name and Location of School	Major/Minor	Degree/Diploma
High School:		
Name and Location of School	Major/Minor	Degree/Diploma
Undergraduate School:		
Name and Location of School	Major/Minor	Degree/Diploma
Graduate School:		
Activities, Awards, Honors:		

— Please complete the following section **ONLY** if you have fewer than 3 years regular full-time teaching employment —

## Student Teaching

Experience:	School and Location	No. of Weeks	Describe Type of Situation and Work You Did

  

References: Please Include Cooperating Teachers	Position	Mailing Address	Telephone
Name			

## References

Please list at least 3 references who have knowledge about your character, scholarship, and professional abilities.

Name	Position	Mailing Address	Telephone

## Employment History

List positions held since high school.  
Begin with most recent employer.

Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
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