

Lake Shore Central Schools

Evans – Brant Central School District
959 Beach Road, Angola, New York 14006

PROFESSIONAL EMPLOYMENT APPLICATION

Lake Shore Central Schools is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, marital status, age, national origin, disability, creed, sex, sexual orientation, status as a disabled or Vietnam Veteran or any other basis protected by law (unless a bona fide occupational qualification applies).

Lake Shore Central Schools complies with the Americans with Disabilities Act and will consider all requests for reasonable accommodations on a case-by-case basis. If you require a reasonable accommodation at any stage of the application or interview process, please contact Melissa Bergler, Assistant Superintendent for Instruction at (716) 926-2211.

CONTACT INFORMATION

I understand that completion of this Employment Application does not guarantee that I will be employed by the District.

Date: _____

*employment application is considered active for one year following the date of the application.

Name: _____
(Last) (First) (Middle) (Other**)

**Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.

Address: _____
(Street) (City) (State) (Zip Code)

Alternate Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ / _____ / _____ permanent e-mail address: _____
(Permanent) / (Alternate) / (Other) alternate e-mail address: _____

Are you 18 years of age or older? Yes No If not, state your age _____

Are you legally authorized to work in the United States? Yes No

Have you served in the Armed Forces of the United States or in a State Militia?
 Yes No

If yes, please provide dates of military service: _____

Did you receive a dishonorable discharge? _____

(A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision)

Are you a volunteer firefighter? Yes No

If yes, Exempt? Yes No (if yes, please provide photocopy of exemption certificate)

Are you acquainted with or related to any other District employees or Board Members? Yes No
If yes, please provide their name and position: _____

POSITION APPLYING FOR (Check all that apply)

I wish to be considered for:

Full-Time Position _____ Part-Time Position _____ Substitute Position _____

Position (please specify): _____

Availability Date: _____ Salary Expected: _____

Grades and Subjects Preferred (in order of preference):

1. _____
2. _____
3. _____

Are you a member of the NYS Teachers Retirement System? Yes No

If yes, Membership Number _____

If no, do you wish to join? Yes No

If you do, please contact the Business Office at (716) 926-2205 / (716) 926-2228 for an application.

EDUCATIONAL PREPARATION

NAME AND CITY/STATE	MAJOR/MINOR/ CONCENTRATION	GPA	DIPLOMA (y/n)	DEGREE OBTAINED (name of degree)
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE				

Total number of graduate hours beyond your last degree: _____

APPLICATION WILL NOT BE CONSIDERED WITHOUT TRANSCRIPTS:

Enclosed

Will Forward

Please list any other in-service training, special training or education that you feel are relevant to the position you seek: _____

Please list professional activities/organizations/offices/honors that you feel are relevant to the position you seek: _____

Please list any experiences/special talents/abilities/interests/hobbies that you feel are relevant to the position you seek: _____

STUDENT TEACHING/INTERNSHIP

NAME AND ADDRESS OF SCHOOL	SUPERVISING TEACHER(S) AND PHONE NUMBER	DATES	GRADE AND/OR SUBJECT
		To	
		To	
		To	
		To	

CERTIFICATION AREA(S) (Attach a copy of each certificate listed)

I hold the following New York State Teaching/Administrative Certificates and/or Professional Licenses:		Certification Type (Perm, Prof, Prov, Initial)	
AREA:	EXPIRATION DATE:		
If you do not have NYS Certification, have you made application for one?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If certified in another state, please indicate: _____			
ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES		TEACH ID: _____	

EMPLOYMENT HISTORY

EDUCATIONAL EXPERIENCE (List chronologically all experience. Do not include day-to-day substitute teaching).

EMPLOYER & CITY/STATE	GRADE AND/OR SUBJECTS	DATES MO/YR	TOTAL YEARS	FULL TIME	PART TIME	WERE YOU CERTIFIED TO TEACH?

WORK EXPERIENCE OTHER THAN ABOVE (include day-to-day substitute teaching)

EMPLOYER & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	POSITION HELD	FULL OR PART TIME	REASON FOR LEAVING	SUPERVISOR'S NAME AND PHONE NUMBER
	To				
	To				
	To				
	To				

Have you ever received tenure in a public school district in New York State? Yes No

If yes, indicate tenure area: _____ Effective date: _____

Please provide the Name and Address of the School District where you received tenure:

Have you ever had an application for a teaching, professional or vocational credential (i.e., license, certificate or registration) in New York or any other jurisdiction denied? Yes No

Have you ever surrendered a teaching, professional, or vocational credential (i.e., license, certificate or registration) or had such credential revoked, suspended, invalidated or otherwise subjected to a disciplinary penalty in any jurisdiction? Yes No

Have you ever been denied tenure? Yes No

Are you the subject of any pending investigation and/or disciplinary charges pertaining to employment? Yes No

Have you ever been the subject of an investigation by a school district or any other employer? Yes No

Have you ever been dismissed from, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? Yes No

Have you ever resigned to avoid denial of permanent status as a Civil Service employee? Yes No

Have you ever been asked to leave a place of employment (or volunteer position) or resigned in lieu of being terminated? Yes No

**If you answered "yes" to any of the previous questions on this page, please explain fully below.*

CRIMINAL HISTORY

(A conviction will not necessarily disqualify you from employment. Factors such as age and date of conviction, the seriousness and nature of the crime, rehabilitation, and the relationship of the crime to the job duties will be considered.)

Have you ever been convicted of any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAI or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** Yes No

Have you ever pled guilty to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAI or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** Yes No

Have you ever pled nolo contende or no contest to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAI or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** Yes No

Do you currently have any pending arrests or criminal investigations against you at this time? Yes No

**If you answered yes to any of the above questions in this section, please state the nature and dates of conviction(s) or plea(s) and, if applicable, date(s) of release from prison below.*

Have you been fingerprinted in accordance with Education Law?
 Were you cleared from the New York State DCJS and FBI?

Yes No
 Yes No

REFERENCES

Please provide the names of three references that closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are preferred.			
NAME			
TITLE			
ADDRESS			
PHONE			

RELATED PROFESSIONAL EXPERIENCE

List educational travel, lectures, addresses, publications, organizational membership(s), committee chair(s) or membership(s), participation in educational experiments, innovations, special programs, elective positions held, community and social services and recreation that you would consider relevant to your ability to performance duties of this position.
List any interscholastic sports or extracurricular activities you would be willing to coach or advise.

PERSONAL STATEMENT

Use this space to include information that you believe would enhance your candidacy.

CONDITIONS OF EMPLOYMENT

I, _____ (print name), hereby grant permission to the Lake Shore Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Lake Shore Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

In the event that I am employed, I agree to conform to the District's rules and regulations.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Date: _____