

SARANAC CENTRAL SCHOOL DISTRICT SARANAC, NY 12981

TEACHING APPLICATION

It is the policy of the Saranac Central School District Board of Education not to discriminate on the basis of sex, race, color, national origin, age, or handicap in the educational programs or activities which it operates. Furthermore, the Saranac Central School District Board of Education is required by Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 respectively not to discriminate in such a manner. Inquiries concerning this policy may be referred to the following school official:

Name: **Kenneth O. Cringle**

Address: **District Office**

Telephone Number: **(518)565-5600**

**Saranac Central School District
P.O. Box 8
Saranac, New York 12981**

This official will provide information, including complaint procedures, to any student or employee who feels that her or his rights under Title IX and/or Section 504 may have been violated by the District or its officials.

NOTICE: Applications will be kept on file for one year from the date of application. If you desire to keep your application on file beyond that date, please notify the School District in writing or submit a new application.

To The Applicant:

Candidates wishing to substitute teach **must** make an appointment for an interview with a building principal. Your name **will** be placed on our substitute list once approved by the principal. Below is listed the name, building and telephone number of each of the building principals:

Building:

Telephone/Principal:

Senior High School

565-5800
Jonathan Parks

Middle School

565-5700
James Gratto

Morrisonville Elementary School

565-5980
Katlheen Moore

Saranac Elementary School

565-5900
Marguerite Tamer

SARANAC CENTRAL SCHOOL DISTRICT TEACHING APPLICATION

DATE OF APPLICATION: _____

APPLICATION FOR TEACHER OF: _____

ARE YOU INTERESTED IN SUBSTITUTE WORK? YES _____ NO _____

NAME: _____

	First	Middle	Last	Maiden
PRESENT ADDRESS: _____				ZIP CODE: _____
Street	City	State		

PERMANENT ADDRESS: _____	ZIP CODE: _____
Street	City
State	

TELEPHONE NUMBERS: _____

If you are a member of the New York State Retirement System, please give your;

RETIREMENT #: _____

CERTIFICATION: (Please include a copy of the certification with the application)

<u>TYPE OF CERTIFICATION:</u>	<u>ISSUING DATE:</u>	<u>GRADE VALIDITY:</u>	<u>NUMBER:</u>	<u>STATE:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL EXPERIENCES: (Teachers with less than two years experience, include practicing teaching assignments)

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>SUBJECT MATTER:</u>	<u>YEARS:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>DIPLOMA / DEGREES:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE:

DATES:

BRANCH:

TYPE OF DISCHARGE:

PROFESSIONAL ORGANIZATIONS:

A. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

B. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM PRIOR EMPLOYMENT? _____ YES _____ NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?

_____ YES _____ NO. IF YES, PLEASE EXPLAIN: _____

D.. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

1. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE? _____ YES _____ NO

2. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? _____ YES _____ NO

REFERENCES:

NAME:

POSITION:

ADDRESS:

HOME #:

WORK #:

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.

SIGNATURE: _____ **DATE:** _____