



**BOLTON CENTRAL SCHOOL**  
26 Horicon Avenue  
Bolton Landing, New York 12814-0120  
(518) 644-2400  
www.boltoncsd.org

Date\_\_\_\_\_

### Personal Information

NAME: \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) WORK PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

AREA: \_\_\_\_\_

AREA: \_\_\_\_\_

### Position(s) for which you are applying

### Certification

I hold the **New York State** Teaching/Administrative Certificate(s) described below (*provide copy*):

	Certification Area	Date Issued	Exp. Date
Initial _____ Professional _____	_____	_____	_____
Initial _____ Professional _____	_____	_____	_____

If you do not have a New York State Teaching Certificate have you made application for one? Yes \_\_\_\_\_ No \_\_\_\_\_

If certified in another state, please describe \_\_\_\_\_

## Educational Preparation

Name and Location of School	Dates Attended		Sem. Hrs.	Major/Minor	Grade Pt. Avg.	Degree	Date Granted
	From	To					
College (Undergraduate)							
College (Graduate)							
Vocational/Technical/Trade							

*It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the Superintendent's office.*

## Student Teaching - If Applicable

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
1			
2			

## Tenure Status and Other Information

Were you ever appointed to tenure in a public school district in New York State? Yes No If yes, complete:

Tenure area \_\_\_\_\_ Effective Date \_\_\_\_\_

Name and address of school district where tenure was granted: \_\_\_\_\_

Have you ever been released or asked to resign from an employment position? Please explain: \_\_\_\_\_

Have you ever been convicted of a criminal violation? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

## Employment History

Begin with most recent

EMPLOYER

TELEPHONE

DATES EMPLOYED

FROM

TO

ADDRESS

JOB TITLE

SUMMARIZE THE NATURE OF THE WORK  
PERFORMED AND JOB RESPONSIBILITIES

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

EMPLOYER

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### OTHER REFERENCES FAMILIAR WITH YOUR WORK

NAME

ADDRESS

TELEPHONE

HOW KNOWN

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES:

Signature of Applicant: \_\_\_\_\_

Please provide any additional information, related experiences and special talents regarding your value as a candidate. Include additional sheet as needed.

The New York State Laws of 2000, Chapter 180, require clearance through fingerprinting of school district employees. In some cases, this is obtainable through the teacher certification process.

If you already have obtained NYS OSPRA clearance please check here:

\_\_\_\_ Yes                      Date Obtained: \_\_\_\_\_

If you have not obtained this clearance, you must do so in order to be considered for employment. If you need assistance or information regarding pre-employment clearance, please indicate so by checking below and information will be sent to you.

\_\_\_\_\_ Would like information sent

All statements made by me on this application are true and complete. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

The Bolton Central School District does not discriminate on the basis of age, color, disability or sex in the education programs and activities or employment.

***Bolton Central School is an Equal Opportunity Educator and Employer.***

Please return completed application to:

Mr. Michael J. Graney  
Superintendent, Bolton Central School  
26 Horicon Avenue – PO Box 120  
Bolton Landing, New York 12814-0120