

OGDENSBURG CITY SCHOOL DISTRICT
 1100 STATE STREET, OGDENSBURG, NEW YORK 13669
 TELEPHONE: 315-393-0900

APPLICATION FOR INSTRUCTIONAL POSITION

POSITION DESIRED: _____ DATE: _____

PERSONAL DATA:

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____ TELEPHONE: _____
STREET BUSINESS TELEPHONE: _____

CITY STATE ZIP

SOCIAL SECURITY NO.: _____ RETIREMENT No. _____

CERTIFICATION:

AREA OR FIELD OF NYS CERTIFICATION	DATE OF ISSUE	CERTIFICATION CODES:	NUMBERS OF HOURS NEEDED FOR PERMANENT CERTIFICATION
		Perm. = Permanent Prov. = 5 Year Provisional C.O.Q. = Certificate of Qualification Pend. = Pending (Please Explain) None	

Have you ever been convicted of a crime? Yes _____ No _____ if yes, please explain:
 (Conviction of a crime will not necessarily disqualify an applicant)

Do you "illegally" use drugs? Yes _____ No _____

OGDENSBURG CITY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND:

SCHOOL	LOCATION	DATES ATTENDED	TYPE OF DIPLOMA OR DEGREE	DATE GRANTED	MAJOR
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
GRADUATE STUDIES					

Number of Semester Credit Hours Above Highest Degree _____

Distinctions and Honors: _____

TEACHING EXPERIENCE:

TYPE OF EXPERIENCE	SCHOOL, LOCATION AND TELEPHONE NUMBER	GRADES OR SUBJECT TAUGHT	FROM	TO	TOTAL YEARS
STUDENT TEACHING					

Have you received tenure in any School District or BOCES: YES _____ NO _____

If yes, please indicate name of school district or BOCES: _____

Have you ever been denied tenure? Yes _____ NO _____

If yes, explain: _____

ACTIVITIES:

Positions of leadership held or honors received in college, teaching, or in the community: _____

Hobbies: _____

Experience in organizations you feel help qualify you for the position: _____

Recent participation in professional activities: _____

OTHER EXPERIENCES WITH CHILDREN:

TYPE OF EXPERIENCE	CITY AND STATE	KIND OF WORK	DATE OF EMPLOYMENT	LENGTH OF SERVICE

NON-TEACHING WORK EXPERIENCE: (list most recent employer first.)

NAME OF FIRM OR EMPLOYER	CITY AND STATE	KIND OF WORK	DATE OF EMPLOYMENT	LENGTH OF SERVICE

MILITARY EXPERIENCE:

In United State Armed Forces: Yes____ NO____ If yes, complete below.

Length of Service: _____ Branch: _____ Date of discharge: _____

PLACEMENT FOLDER:

If requested, please have your placement folder sent to the Ogdensburg City School District immediately.

Name of College/University where your placement folder is located: _____

PROFESSIONAL REFERENCES:

NAME	OFFICIAL POSITION	WHAT INSTITUTION	PRESENT ADDRESS	TELEPHONE

In your own handwriting, please outline how you perceive your long-term purposes and contributions to the education of children:

(Applicant’s signature signifies that he/she has given truthful and complete information. Applicant understands that failure to do so represents grounds for termination.)

Applicant’s Signature

The Board of Education, its Officers, and employees shall not discriminate against any employee or applicant for employment on the basis of race, color, national origin, creed or religion, marital status, sex, age, or otherwise qualified persons with a mental or physical disability. This policy of non-discrimination includes recruitment and appointment of employees and employment pay benefits. The Title IX Coordinator is: Mr. Kevin Kendall, Assistant Superintendent for Curriculum, Instruction, Assessment and Technology, 1100 State Street, Ogdensburg, NY 13669, (315) 393-0900, ext. 1902. The 504 and ADA Coordinator is: Mrs. Debora Hannan, Director of Special Education, 1100 State Street, Ogdensburg, NY 13669, (315) 393-0900, ext. 1902.