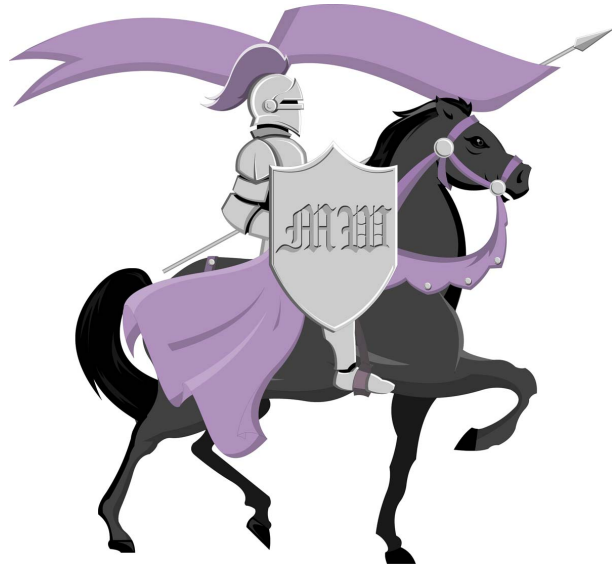


***MONROE-WOODBURY
CENTRAL
SCHOOL DISTRICT***

Education Center
278 Route 32
Central Valley, NY 10917
(845) 460-6200



CLASSIFIED PERSONNEL

Name: _____

POSITION APPLIED FOR

Registered Nurse

The Monroe-Woodbury Central School District is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, religion, national origin, handicap, age, or marital status; nor does it apply any other arbitrary measure which would deprive persons of their constitutional rights.

INSTRUCTIONS TO APPLICANTS

1. Fill out this application as completely and accurately as possible. Please do not answer by writing "see resume." If additional space is needed for any information, attach additional pages.
2. For all substitute teaching positions attach copies of college transcripts and certification documents.
3. At the end of this application you may add, by a separate attachment, any supplementary information that will enable the School District to make a more complete estimate of your qualifications.
4. Return completed application and materials to:
Monroe-Woodbury Central School District
Assistant Superintendent for Human Resources
Education Center
278 Route 32
Central Valley, NY 10917
Phone: (845) 460-6200
mw.k12.ny.us

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Other Name (s) _____

Please provide any additional information regarding name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work records

Place of residence-address _____ Tel. () _____
STREET

CITY STATE ZIP

Permanent mailing address _____ Tel. () _____
(if different) STREET

CITY STATE ZIP

Telephone number at which you may be reached during business hours () _____

Are you a citizen of the United States? Yes No

If not a citizen of the United States, do you intend to become a citizen of the United States? Yes No

Can you perform any and all job functions with or without a reasonable accommodation? Yes No

If yes, please describe how you would perform such job functions: _____

Have you had a fingerprint/criminal background check processed in any other New York State school district? Yes No

If yes, which school district? _____ Date of background check _____

Have you ever been convicted of a crime? Yes No

If yes, please give date and explain (conviction does not preclude employment):

EDUCATIONAL PREPARATION

Name and Location of School

High School	Dates Attended	Program	Date Diploma Granted

College (Undergraduate)*	Dates Attended	Nature of Studies		Degree	Date Granted
		Major	Minor		

Have you taken work which has resulted in the conferring of an advanced degree? If so, summarize.*	Dates Attended	Major Specialization	No. of Credits	Degree	Date Granted

*Please submit copy of RN Certificate.

Advanced study beyond the highest degree earned.*	Dates Attended	Indicate Major Concentrations	No. of Credits	Do Not Write In This Space

*A transcript of all college work is required of applicants. Unofficial transcripts (including photocopies) will suffice for this application. Original transcripts will be required of appointees.

WORK EXPERIENCE

Non-educational (i.e. business, trades, summer occupations)

Dates	Firm or Institution	Nature of Work	Full or Part -Time	Salary

REFERENCES

Give the names of four persons who have closely observed your work as a professional or who have first-hand knowledge of your character, personality, scholarship and/or your ability as an educator. If currently employed, include your present supervisor. Do not include letters of reference. Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include student teaching supervisor from your college/university.

	1	2	3	4
Name				
Official Position				
Present Address				
Telephone No.				

Please mark with an asterisk those references who should not be contacted in the initial stages of processing this application.

Has a probationary term ever been discontinued? Yes No

If yes, District: _____ If yes, give reasons: _____

Have you ever been disciplined under section 3020-A of the N.Y.S. Education Law? Yes No

If yes, District: _____

RETIREMENT INFORMATION

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

If yes, when did you join the retirement system? Yr _____ Retirement System Number _____

CANDIDATE'S AFFIDAVIT

The facts set forth above in my application are true and complete, to the best of my knowledge, and I hereby authorize you to make any investigation necessary to verify the information provided in this application. I understand and agree that any false or misleading information in this application shall be sufficient cause for rejection of this application or, if employed, sufficient cause for dismissal subject to applicable provisions of law. Further, if employed, I understand and agree that my employment is for no fixed or definite period, and that I may be terminated at any time for any or no reason, subject to applicable provisions of law.

Signature of Applicant

Date

