

Date: \_\_\_\_\_

# MONROE-WOODBURY CENTRAL SCHOOL DISTRICT APPLICATION

LAST NAME	FIRST NAME	MIDDLE

Monroe-Woodbury Central School District is committed to academic achievement and success for all students in a safe environment. In partnership with families and our community, the district's mission is to promote confidence, inspire a passion for learning, and to prepare students to become responsible global citizens.

## POSITION(S) APPLYING FOR (CHECK ALL THAT APPLY)

POSITION	POSITION REQUIREMENTS
REGISTERED NURSE	MUST HAVE NYS NURSING LICENSE
SECURITY GUARD	MUST HAVE SECURITY GUARD LICENSE & 8 HOUR COURSE - APPLICANTS MUST BE INTERVIEWED AND APPROVED BY SECURITY DIRECTOR
COACH	MUST HAVE NYS TEACHER CERTIFICATION OR NYS COACHING CERTIFICATION
CLERICAL	MUST MEET CIVIL SERVICE ELIGIBILITY REQUIREMENTS
MONITOR	
ONE-ON-ONE MONITOR	
BUS MONITOR	MUST BE AT LEAST 19 YEARS OLD TO APPLY
BUS DRIVER	MUST BE AT LEAST 21 YEARS OF AGE TO APPLY - MUST HAVE CLASS B COMMERCIAL DRIVER'S LICENSE, WITH P AND S ENDORSEMENTS, APPROVAL BY NY DMV BUS DRIVER UNIT "ACTIVE-SCHOOL QUALIFIED" - APPLICANTS MUST BE INTERVIEWED AND APPROVED BY TRANSPORTATION DIRECTOR
FOOD SERVICE HELPER	
CUSTODIAN	MUST BE AT LEAST 21 YEARS OF AGE TO APPLY
MAINTENANCE	MUST BE AT LEAST 21 YEARS OF AGE TO APPLY
GRANDSMAN	MUST BE AT LEAST 21 YEARS OF AGE TO APPLY
LIFEGUARD	MUST BE A NYS CERTIFIED LIFEGUARD AND HOLD FIRST AID AND CPR CERTIFICATIONS
ENRICHMENT	
SUMMER YOUTH	MUST BE 18 YEARS OLD & MW GRADUATE (ONLY ELIGIBLE WITHIN 4 YEARS FROM GRADUATION DATE)
OTHER:	

**ALL SCHOOL DISTRICT JOBS REQUIRE FINGERPRINT CLEARANCE FROM NYSED**

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

## PERSONAL INFORMATION

**RESIDENTIAL ADDRESS:**

STREET	CITY	STATE	ZIP

**PERMANENT MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)**

STREET	CITY	STATE	ZIP

EMAIL	CELL PHONE	HOME PHONE

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(s) and explain (conviction does not preclude employment):

## REFERENCES

**Please 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, and/or your ability. 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, please include your student teaching supervisor from your college/university and cooperating teachers.**

NAME	OFFICIAL POSITION	EMAIL ADDRESS	PHONE NUMBER	RELATIONSHIP

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

Name: \_\_\_\_\_  
 LAST FIRST MIDDLE

## EDUCATIONAL BACKGROUND

HIGH SCHOOL	DATES ATTENDED	PROGRAM	DATE DIPLOMA GRANTED	
COLLEGE (UNDERGRADUATE)	DATES ATTENDED	NATURE OF STUDIES (MAJOR/MINOR)	DEGREE	DATE GRANTED
COLLEGE (GRADUATE)	DATES ATTENDED	NATURE OF STUDIES	DEGREE	DATE GRANTED
Have you taken work which has resulted in the conferring of an advanced degree? If so, summarize.	DATES ATTENDED	MAJOR SPECIALIZATION/DEGREE	# OF CREDITS	DATE GRANTED
Advanced study beyond the highest degree earned.	DATES ATTENDED	MAJOR CONCENTRATIONS	# OF CREDITS	

Transcripts of all college work is required of applicants. Unofficial transcripts (including photocopies) will suffice for this application. Official transcripts will be required of permanent appointees.

## CERTIFICATIONS

TYPE OF CERTIFICATION	STATE	TITLE OF CERTIFICATION	DATE ISSUED	EXPIRATION DATE
INITIAL ( ) PROVISIONAL ( ) PROFESSIONAL ( ) PERMANENT ( ) TIME EXTENSION ( ) CERTIFICATE OF QUALIFICATION ( )				
INITIAL ( ) PROVISIONAL ( ) PROFESSIONAL ( ) PERMANENT ( ) TIME EXTENSION ( ) CERTIFICATE OF QUALIFICATION ( )				
INITIAL ( ) PROVISIONAL ( ) PROFESSIONAL ( ) PERMANENT ( ) TIME EXTENSION ( ) CERTIFICATE OF QUALIFICATION ( )				

**Have you applied for a NYS Teaching Certificate? If so, please Summarize.**

Name: \_\_\_\_\_

LAST

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## WORK EXPERIENCE

(PLEASE INCLUDE STUDENT TEACHING & INTERNSHIPS)

DATES	NAME AND LOCATION	SPECIFIC NATURE OF POSITION: GRADE, LEVEL, SUBJECT, ETC.	FULL OR PART TIME	ANNUAL SALARY

Have you ever been dismissed from a position or been asked to resign or retire as an alternative to dismissal? Yes ( ) No ( )

Has a probationary term ever been discontinued? Yes ( ) No ( ) If yes, District: \_\_\_\_\_

Please give reasons: \_\_\_\_\_

Have you ever been disciplined under section 3020-A of the NYS Education Law? Yes ( ) No ( )

If yes, District: \_\_\_\_\_

## SKILLS AND TRADES

(PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/>	BOILER FIREMAN	<input type="checkbox"/>	CARPENTRY	<input type="checkbox"/>	ELECTRICAL WORK	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	LANDSCAPING	<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	PLUMBING	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	MINOR REPAIRING	<input type="checkbox"/>	GENERAL CLEANING	<input type="checkbox"/>	GLAZING	<input type="checkbox"/>	OTHER:

Do you have a license or certificate to practice a trade? Yes ( ) No ( )

If so, please describe:

Do you have a NYS Driver's license? Yes ( ) No ( ) Class: \_\_\_\_\_

Have you ever attended an approved School Bus Driver Training Course? Yes ( ) No ( )

Have you had experience as a mechanic? Yes ( ) No ( ) How many years? \_\_\_\_\_

Type: Auto ( ) Truck ( ) Bus ( )

## RELATED PROFESSIONAL EXPERIENCE

Related educational experience, educational travel, lectures, addresses, publications, organizational membership, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, etc., which you consider relevant to your ability to perform in the position you seek.

Name: \_\_\_\_\_

LAST

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## RETIREMENT INFORMATION

Are you a member of the New York State Teachers or Employees Retirement System? Yes ( ) No ( )

Teachers ( ) Employees ( )

If yes, when did you join the retirement system? \_\_\_\_\_ Retirement System Number: \_\_\_\_\_

## APPLICANT'S STATEMENT

OPTIONAL: In your own handwriting, indicate your strengths which will enable you to contribute to the educational programs of this district. Indicate attributes which you feel could distinguish you from other candidates for this position.

## 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