

#### Please Print or Type PERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** |  | **First Name** |  | **Middle Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address** |  | **Telephone (Home)** |  |
| **City, State** |  | **Zip Code** |  |
| **Present Position** |  | **Current Salary** |  |
| **School District Name** |  | **Work/Mobile Telephone** |  |
| **Business Address** |  | **Business City State** |  |
| **Business Zip Code** |  |  |  |

|  |  |
| --- | --- |
| **Position for which application is being made:** |  |
| **Are you presently employed?** |  |
| **If so, how much notification will your present employer require?** |  |

**CERTIFICATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Certification** | **Certification Number** | **Effective or Anticipated Date** | **Type of Certification** | **State** |
|  |  |  |  |  |
|  |  |  |  |  |

To be completed by School District Office

Application: \_\_\_\_\_\_\_\_\_\_

Certificate: \_\_\_\_\_\_\_\_\_\_

Resume: \_\_\_\_\_\_\_\_\_\_

Placement File: \_\_\_\_\_\_\_\_\_\_

Transcript: \_\_\_\_\_\_\_\_\_\_

# MALONE CENTRAL SCHOOL DISTRICT

MALONE, NEW YORK 12953

APPLICATION FOR

Teacher Position

**ACADEMIC PREPARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution & Location** | **Major/Minor** | **Degree** | **Graduation Date** |
|  |  |  |  |
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**RECORD OF EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Employer** | **Inclusive Dates** | **Phone Number** | **Salary** |
|  |  |  |  |  |
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**STUDENT TEACHING**

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Grade/Subject** | **Cooperating Teacher** | **Dates** |
|  |  |  |  |
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| --- |
| **Please describe any experiences significantly contributing to your qualifications for the position.** |
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| **Do you have any special reasons for making application to the Malone Central School District?** |
|  |

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| --- |
| **Please give a candid description of yourself, stressing the personal qualities, assets and liabilities, which characterize you. If employed, relate the information to your present position. If not, make connection to your current status as a student.** |
|  |
| **Describe any school-related activities you are competent and willing to direct or coach.** |
|  |

**PROFESSIONAL REFERENCES**

**List the names of references that have firsthand knowledge of your teaching ability. Inexperienced teachers should give the names of college faculty members.**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Have you ever been convicted of a felony?** |  |
| **If yes, please explain:** |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Malone Central School District permission to obtain access to my record in TEACH. The Malone Central School District agrees not to disclose to any unauthorized or third party any information obtained in the course of using the TEACH system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

|  |  |
| --- | --- |
| Social Security Number (needed to access TEACH) |  |

1. Complete this application form and send to:

Shiela Conners, Human Resources @ [sconners@maloneschools.org](mailto:sconners@maloneschools.org)

**OR**

PO Box 847

Malone, NY 12953

2. Attach a cover letter and current resume.

3. Request that your college or university registrar mail an official transcript to our mailing address, if an official transcript is not available, please send an unofficial transcript until an official transcript becomes available.

The Malone Central School District hereby advises the general public that it offers employment and educational opportunities without regard to sex, race, color, national origin, religion or handicap.

Engaging Classrooms

Safe Environments

Informed Decisions

Revised April 2019