

As an EQUAL OPPORTUNITY EMPLOYER the Frontier Central School District does not discriminate on the basis of race, gender, sexual orientation, religion, national origin, age, marital status, or disability.

# ADDITIONAL PERSONAL INFORMATION

• Are you a citizen of the U.S.A.? If <i>no</i> , are you legally authorized to remain and work in the U.S.A.?	<b>Yes</b>	D No
<ul> <li>Have you ever served in the United States Armed Forces?         If yes, did you receive a discharge from the Armed Forces of the United States, which was other than "honorable"?         If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.     </li> </ul>	<ul><li>Yes</li><li>Yes</li></ul>	🗋 No
• Have you ever been convicted of any crime (felony or misdemeanor other than minor traffic violations)? If yes, please explain on a separate sheet.	Yes	No No
• Do you currently have any criminal charges pending against you? If yes, please explain on a separate sheet.	Yes	No No
<ul> <li>Have you ever been the subject of a report for child abuse, maltreatment, or neglect? If yes, please explain on a separate sheet.</li> </ul>	Yes	No No
• Have you ever used illegal drugs?	<b>Y</b> es	No No
• List any persons currently serving or working for the District who know you.		
<ul> <li>Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? If yes, please explain on a separate sheet.</li> </ul>	Yes	No No
<ul> <li>Are you a member of the New York State Teachers' Retirement System?</li> <li>If yes, your NYSTRS membership number is and your date of membership</li> </ul>	Yes	□ No 
• Have you ever received tenure in any New York State public school district or BOCES? If yes, please indicate the name and address of the district/BOCES, the tenure area, and the date tenure was conferred.	Yes Yes	No No
• Have you ever had your teaching certificate suspended or revoked? If yes, please explain on separate sheet.	🖵 Yes	🗋 No
• Have you ever had an application for teaching certification in New York or any other jurisdiction den	ied? 🖵 Ye	s 📮 No
• Have you ever had a teaching certificate issued in New York or any other jurisdiction revoked, suspended, annulled, or otherwise invalidated?	🖵 Yes	🗖 No
• Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdiction?	<b>Yes</b>	🗖 No
<ul> <li>Date by which you will be available for employment</li></ul>		

# EDUCATIONAL AND PROFESSIONAL PREPARATION

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Special Training

# **STUDENT TEACHING/INTERNSHIP(S)**

### List most recent experience first.

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# **EMPLOYMENT HISTORY**

#### List most recent employment first.

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Title of Position and Responsibilities:

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Title of Position and Responsibilities:

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Title of Position and Responsibilities:

## CERTIFICATION

Please list all fields in which you possess current and valid New York State Teaching/Administrative Certification

Area	Expiration Date	Initial Professional Provisional Permanent
• If you do not have NYS Certification, have you made	application for one?	Yes No

• If certified in another state, please indicate which state.

## **ACTIVITIES AND HONORS**

Please list organizations to which you belong and consider relevant to your ability to perform in the position for which you are applying.

College \_\_\_\_\_

Community

Other

## **EVIDENCE OF PROFESSIONAL GROWTH**

Please use this space to indicate membership and leadership in professional organizations, educational travel, summer sessions and/or extension courses, articles, books, or other publications, participation in school or community activities, staff development, committees, special honors, professional fraternities, thesis title, etc.

## REFERENCES

Give the names of three individuals who have closely observed your work in the position for which you are applying.

#### **Reference 1**

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Reference 2			X					
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#### **Reference 3**

Name	
Title	
Address	
Phone	

Occasionally the form of an application blank makes it difficult for an applicant to adequately summarize his/ her complete background. To assist us, use the space below to summarize any additional information necessary to describe your full <u>qualifications</u>. Referring to the Mission Statement and Core Values on the back cover of this application, please explain how you believe that you can contribute to the Frontier Central School District.

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## **MISSION STATEMENT**

The mission of the Frontier Central School District is to inspire each student to exhibit integrity as a self-directed life-long learner, achieving personal goals while responsibly contributing to an ever-changing world.

**CORE VALUES** 

#### This is what we believe about people and the world:

- All people can make a contribution.
- $\star$ Everyone has value.

- ★ Higher expectations result in higher achievement.
   ★ People are empowered by taking responsibility for their choices.
   ★ A family, in all its forms, is the foundation for the development of an individual.
- ★ Life-long learning improves the quality of life.
  ★ There is no growth without change.
- \*
- Powerful learning results from direct experience. Understanding diversity is essential to understanding our world.

### APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I hereby authorize the Frontier Central School District to make any investigation of my personal history, financial credit, and employment record. I waive my rights of access to ANY information provided by ANY references in the process of investigating my personal background and work record.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

All appointments are tentative and contingent upon fingerprint clearance from the **New York State Education Department.** 

Signature of Applicant\_

Date \_\_\_