



LOCKPORT CITY SCHOOL DISTRICT

130 Beattie Avenue Lockport, New York 14094 716-478-4820



Application for Professional Employment

Submission of a resume does not eliminate your responsibility for completing all sections of this official application.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Phone _____

Alternate Address _____ Alternate Phone _____

Are you currently a member of the NYS Teachers' Retirement System? Yes No
 If yes, what is your membership number? _____

Have you ever been convicted of a crime? (If yes, please explain on a separate sheet) Yes No

Are any criminal charges or proceedings pending against you? (If yes, please explain on a separate sheet) Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever served in the United States Armed Forces? Yes No
 If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet) Yes No
 [A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision]

List any persons currently serving on our Board of Education or working for the District who are related to you or who you know _____

Position(s) for which you would like to be considered

- Probationary Classroom Teacher Administrator
 Teaching Assistant Certified Substitute Teacher
 Other _____

Date by which you would be available for employment _____

Certification

(Please attach a copy of each certificate listed, or a letter from your college stating that all requirements have been met and application has been made for certification)

I hold current and valid New York State Teaching/Administrative Certification in:

Area	Expiration Date	Professional	Initial	Provisional	Permanent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have New York State Certification, have you made application for one? Yes No

If certified in another state, please indicate which state _____

NAME
(For Office Use Only)

CERTIFICATIONS

Education Preparation

Name of High School _____

Address _____

Major

Minor

Degree

GPA

Name of College/University (Undergraduate) _____

Address _____

Major

Minor

Degree

GPA

Name of 2nd College/University (Undergraduate) _____

Address _____

Major

Minor

Degree

GPA

Name of College University (Graduate) _____

Address _____

Major

Minor

Degree

GPA

Name of 2nd College/University (Graduate) _____

Address _____

Major

Minor

Degree

GPA

Special Training _____

Student Teaching/Internship

Name of School/Address _____

Assignment _____ Cooperating Teacher/Administrator

Name of School/Address _____

Assignment _____ Cooperating Teacher/Administrator

Activities & Honors

College _____

Community _____

List activities you can successfully direct or coach _____

Employment History (List Most Recent Employment First)

Employer's Name/Address _____ Phone _____

Immediate Supervisor's Name _____ Phone _____

Dates of Employment: From _____ To _____ Annual Salary _____

Reason for Leaving _____

Position Title & Responsibilities _____

Employer's Name/Address _____ Phone _____

Immediate Supervisor's Name _____ Phone _____

Dates of Employment: From _____ To _____ Annual Salary _____

Reason for Leaving _____

Position Title & Responsibilities _____

Employer's Name/Address _____ Phone _____

Immediate Supervisor's Name _____ Phone _____

Dates of Employment: From _____ To _____ Annual Salary _____

Reason for Leaving _____

Position Title & Responsibilities _____

Have you ever been released or asked to resign from employment? Yes No
 ▪ If yes, explain on separate sheet.

Have you ever been granted tenure in a New York State public School district or BOCES? Yes No
 ▪ If yes, please list tenure area _____ Effective Date _____
 Name and address of school where tenure was granted:

Have you ever been **denied** tenure? Yes No

References

Give the names of three individuals who have closely observed your work as a teacher, employee or student.
 Recommendations by present and former superintendents, principals and other supervisors are preferred.

One must be from current/last supervisor.

	Reference #1	Reference #2	Reference #3
Name			
Title			
Address			
City/State			
Phone			

Personal Statement (Required)

Use this space to include information that you believe would enhance your candidacy.

Notice to Applicants

Unless the Lockport City School District (LCSD) is otherwise informed, your signature on this application form will be considered an authorization to fully investigate your background and credentials. Accordingly, by signing the application form you will also authorize all persons and entities, including but not limited to all current and former employers and all schools, colleges or universities that you have ever attended, and all other agents, representatives and employees, to release any and all information concerning your employment, educational and academic history.

All properly completed and valid applications may be retained for up to twelve (12) months. If after that time you still wish to be considered for employment, then please inform us in writing. Please ensure that all information provided on this application form, and all other information provided in connection with your application for employment, is complete, accurate and true. Please immediately inform the LCSD, in writing, of any changes in any of the information provided on this application form or otherwise provided in connection with your application for employment. Letters should be sent to the Personnel Office, Lockport City School District, 130 Beattie Avenue, Lockport, New York 14094.

If you are hired, your employment will be at-will (subject to termination at any time) and your service will be at the pleasure of the LCSD, except as expressly provided for by statute.

APPLICANT’S AGREEMENT, CERTIFICATION AND AUTHORIZATION

I have read, and am in agreement with, all of the foregoing terms and provisions. I certify that all information provided on this application form, and all other information provided in connection with my application for employment, is complete, accurate and true. I understand that the provision of any false or misleading information or any omission will, even if discovered after I am hired, constitute grounds for disciplinary action that may include termination of employment.

I hereby authorize all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives and employees, to release any and all information concerning my employment, educational and academic history, or any other information bearing upon my fitness and qualifications for the position for which I am applying. I voluntarily and knowingly release from any and all liability, any person or entity providing such information about me. The information that may be disclosed and released by my current and former employers and their agents, representatives and employees, includes but is not limited to: Any and all information concerning my job performance; any and all information from copies of all performance evaluations and other correspondence, records and notes commenting on any aspect of my job performance; and any and all information from and copies of my attendance records. A photocopy of this authorization (signature) shall be as valid as the original.

Applicant’s Signature _____ **Date** _____

The Lockport City School District (LCSD) does not discriminate against any employee, student, applicant for employment or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, military status, marital status, sexual orientation, disability or any other classification protected by law (including, with respect to employees and applicants for employment, genetic predisposition or carrier status), unless based upon a bona fide occupational qualification or otherwise provided for by law. Any person wishing to obtain information about the LCSD procedures for grieving alleged civil rights violations may do so by contacting Christopher Arnold, Title IX Compliance Officer, 130 Beattie Avenue, Lockport, New York 14094; (telephone number (716) 478-4849).