



District Office
14665 State Route 22
New Lebanon, NY 12125
518-794-9016 518-766-5574 (fax)

New York State Law prohibits discrimination on the grounds of race, color, creed, sex, national origin, age, disability, or marital status. New Lebanon Central School District is an equal opportunity employer.

Date: _____ Position Applied For: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____

Are you a United States citizen? Yes _____ No _____

If no, do you have a legal right to work in the U.S.? Yes _____ No _____

How did you learn of this opening? _____

Have you worked for the District before? _____ If yes, when? _____

List any friends or relatives working for us _____

If hired, on what date will you be available to start work? _____

Background Investigation: Applicants will be required to undergo a State and national criminal history background investigation, which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Have you ever been convicted of a crime (felony or misdemeanor), not including any violation or infraction?

Yes _____ No _____

If yes, describe in full _____

EMPLOYMENT HISTORY: (you may attach a current resume to this application)

Dates	Name, Address & Telephone Number of Employer	Supervisor's Name & Title	Reason for Leaving
From:			
To:			

Dates	Name, Address & Telephone Number of Employer	Supervisor's Name & Title	Reason for Leaving
From:			
To:			

Dates	Name, Address & Telephone Number of Employer	Supervisor's Name & Title	Reason for Leaving
From:			
To:			

May we contact the employers listed above? Yes____ No____ If not, indicate below which one(s) you do not wish us to contact.

EDUCATIONAL AND PROFESSIONAL TRAINING:

Beginning with high school, list all schools or institutions (name & address)	No. of years attended	Course or Major	Graduated (yes or no)	Diploma or Degree

The space below is for more detailed information about yourself. Include special qualifications and/or training, unusual teaching experiences, participation in activities in and out of school, etc., that will give a more complete estimate of your training, experience, character and ability.

For Teaching, Teaching Assistants, and Administrative Positions Only:

CERTIFICATION:

Do you have a New York State Certificate? Yes _____ No _____ In Process _____

Date received: _____ Teacher Identification Number: _____

Subject validity of certificate: _____

Teacher Number issued by NYSED: _____

Have you ever been tenured in another school district? Yes _____ No _____

REFERENCES:

Name	Relationship:	Address	Telephone No.	Years Known

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I hereby also agree to hold the New Lebanon Central School District harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the New Lebanon Central School District.

I also agree to such examination by a New Lebanon Central School District designated physician as may be required and agree, if employed, to abide by all regulations of the New Lebanon Central School District.

Signature: _____ Date: _____

REFERENCE CHECK (office use only)

Name/Title	Relationship	Phone No.	Comments