In compliance with Title IX of the Educational Amendments Of 1972 (U.S. Congress), it is the policy of the Wyoming Central School District not to discriminate on the basis of sex, religion, national origin, age, physical ability, or marital status in admissions, employment and treatment of students and employees in any education program or activity.



1225 State Route 19 PO Box 244 Wyoming, NY 14591-0244

Phone: (585)495-6222 Fax: (585)495-6341 www.wyomingcsd.org

INSTRUCTIONAL APPLICATION

Name:	
Primary Phone:	
For the position of:	
Date:	

Please complete the entire application. If any part does not apply to you, please indicate by marking N/A.

Return completed application together with your resume to:

Michele Pearce
Secretary to the Superintendent
Wyoming Central School
1225 Route 19
PO Box 244
Wyoming, NY 14591-0244
mpearce@wyomingcsd.org

PERSONAL DATA

Name:		
(First)	(Middle)	(Last)
Permanent Address:		
Local Address:		
Home Phone #:	Cell Phor	ne #:
Email Address:		
Social Security #:		
Are you prevented from lawfully become Immigration Status? \Box Yes \Box		country because of Visa or
Are you a NYS Retirement System Mem	ber? □Yes	(If yes, place number here)
Present Employer:		
Address:		
Phone:		
Position:		
Earliest Date Available for Employment	:	
Have you been previously fingerprinted	and had a criminal h	nistory record check by the <i>New York</i>
State Education Department? \Box	Yes □ No	
If "yes" please state the date perfo	ormed and list circur	nstances (i.e., employment at
school district, etc.)		
Have you ever been convicted of a felony	y or misdemeanor?	□ Yes □ No
If "Yes", state the date, location, and	nature of the act	
(Please note that a "yes" answer will not	t necessarily disqualify y	ou from consideration for employment.)

PROFESSIONAL DATA

State	Date Issued		Arc	ea			Provisional /
Diate	Date Issued		7110				Permanent
If you	do not have a	a NYS Teaching (Certificate, have	vou filed	an application	for one?	
11) 0 01		Yes		<i>y</i> • • • • • • • • • • • • • • • • • • •	arr up prioution	101 01101	
		105	_ 110				
Do vo	ou have a state	ement from your	· college indicati	ng vou ha	ve met the rea	uirement fo	or a
=		Yes (if yes, plea	-		_		. u
CCITI		100 (11 yeb, pica		<i>,,</i>	-10		
Othe	r licenses held	 •					
Other	i neemses nere			Type & issuing	gauthority		
Educ	ational Prepa	ration: (In chrono	ological order) (Plea	se provide o	copies of transcrip	ots)	
High	0 1 1 1	Address Dates Nature of Studi		1 1			
_	School and	Addre	ess		Nature of S	tudies	Degree &
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_		Addre	ess		Nature of S	tudies	_
_		Addre	ess		Nature of S	tudies	_
_		Addre	ess		Nature of S	tudies	_
_		Addre	ess		Nature of S	tudies	_
_		Addre	ess		Nature of S	tudies	_
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College	e/University				Nature of S	tudies	_
College	e/University	chronological orde	r)	Attended	Nature of S Major/M	tudies	_
Gradu	e/University	chronological order		Attended	Nature of S	inor	Date
Gradu	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
Gradu	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
Gradu	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
College	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
Gradu	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
Gradu	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &
College	e/University nate Work: (In	chronological order	r)	Attended	Nature of S Major/M	tudies inor # of	Date Degree &

District		candidates of 3 years or less experience Grade and Subject		ervisor	Phone Numbe
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Educational Work Expe School or	rience: (if si	ubstitute teaching or par Nature of Positio		indicate)	
District		Grade and Subje		Dates	
ther Related Experienc	ce: (Include Ci			otas	Dogition
Organization		Address	D	ates	FOSITION
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Tor remure Record	eived tenur	e in any school distri	ict or Board	of Cooper	rative Educationa
		n New York State?		_	
a. Have you ever rec	-			_	=
a. Have you ever rec Services (BOCES)					
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a. Have you ever rec Services (BOCES) Tenure Area: _ Name of Distr	rict/BOCES:				
a. Have you ever red Services (BOCES) Tenure Area: Name of Distr b. Were you ever dis	rict/BOCES:	n the school district o	conferring t		
a. Have you ever rec Services (BOCES) Tenure Area: _ Name of Distr	rict/BOCES: smissed fron oa?	n the school district o	conferring t □ No		
Firm or	e: (Include Ci	ivic and Community Part Address		ates	Position

References: (Enter the following information for at least three persons who have closely supervised your work as a professional. Please start with your most recent supervisor.) Organization & Title Phone # Name Mailing Address **2.** Please attach a separate sheet of paper describing: a. Why you are interested in this particular position. b. What particular strengths you would bring to the District. c. What additional personal information you would want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc. d. What extracurricular activities would you be interested in working with students? Discuss your background in each activity. **Important** I understand that the Wyoming Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) as long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding y application will be the property of the District and will not be released to me unless required by Federal or State statutes or regulation. Attestation I hereby affirm that the information provided within this application and attached hereto is true and correct to the best of my knowledge. Signature Date