



Professional Staff Application

Moravia Central School District 68 S. Main St., PO Box 1189, Moravia, NY 13118
 www.moraviaschool.org (315) 497-2670 Fax 315 497-2260

Last Name		First Name		Middle Name
Street Address		City	State	Zip Code
Telephone # (Home) (Cell) (Work)		Social Security No. (voluntary)		Application Date

IMPORTANT: Credential files from your college(s) and copies of certificates are necessary to the selection process. Applicants must arrange to have these forwarded promptly.

For what position, grades, or subjects, in order of preference are you applying for? _____

Are you currently employed? .. Yes . No

May we contact your current employer? .. Yes . No

Date you are available for employment ____/____/____

List any activity that you can direct or coach (special interest clubs, athletics, etc.)

Education					
	Name and Address of School	Course of Study/ Major/Minor	No. of Years Completed	Diploma/ Degree Received	Semester Hours Credited
High School			1 2 3 4		
Undergraduate College			1 2 3 4		
Graduate Professional					
Other (Specify)					

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Certification

Certification Area	Type		Expiration Date	Certificate No.
	Professional/Permanent	Initial		

Teaching Experience

Please list **ALL** of your teaching experience (including all full-time, part-time and temporary teaching positions). The list must be complete and accurate. Start with your present or most recent employer. If you need additional space, please continue on a separate sheet of paper.

Name of School	Dates Employed From: To:	Grade or Subject Taught or Position Held
Address		
Telephone Number(s)	Did you Receive Tenure?	
Reason for Leaving	Name(s) of person(s) responsible for supervising	

Name of School	Dates Employed From: To:	Grade or Subject Taught or Position Held
Address		
Telephone Number(s)	Did you Receive Tenure?	
Reason for Leaving	Name(s) of person(s) responsible for supervising	

Name of School	Dates Employed From: To:	Grade or Subject Taught or Position Held
Address		
Telephone Number(s)	Did you Receive Tenure?	
Reason for Leaving	Name(s) of person(s) responsible for supervising	

Student Teaching Experience

Please list **ALL** of your student teaching experience. The list must be complete and accurate. If you need additional space, please continue on a separate sheet of paper.

Name of School	Dates From: To:	Grade or Subject Taught
Address		
Telephone Numbers(s)	Name(s) person(s) responsible for supervising/evaluating your work	

Name of School	Dates From: To:	Grade or Subject Taught
Address		
Telephone Numbers(s)	Name(s) person(s) responsible for supervising/evaluating your work	

Work Experience Other Than Teaching

Please list **All** of your work experience other than teaching. The list must be complete and accurate. Start with your present or most recent employer. If you need additional space, please continue on a separate sheet of paper.

Kind of Work	Inclusive Dates From To	Name & Address of Employer	Name/Address/Telephone # of Supervisor Who Would Know Most About this Work

Related Professional Experience

Please include information regarding educational travel, lecture, publications, organizational membership, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community, social services, scouting, recreation, etc. Please **DO NOT** include information about membership or participation in any group or organization which may indicate your age, national origin, race, religion, gender, marital status, or any disability you may have.

Military

Complete this section if you served in the U.S. Armed Forces.

Branch of Service	Active Duty (Month/Year) From To	Rank At Discharge	Date of Final Discharge

References

Give names of those who have closely observed your work as a teacher or student. Experienced teachers/administrators should include present and former superintendents, principals and other supervisors. Beginning teachers should include practice teaching supervisors.

Names	Position	Phone Number	Current Address

Question I:

Please write in your own handwriting on the provided sheet of paper a statement covering any additional points which will help in judging your suitability for a position. Include (1) special experience, training or interests not mentioned elsewhere. (2) Why you want to teach in our District. (3) Other.

Question II.

Answer the following in your own handwriting on the provided sheet of paper. (If you are offered and accept a position with our school system, this statement will be presented to the Board of Education at the time of your appointment.)

Please give a brief statement describing your philosophy of teaching.

TITLE IX/SECTION 504

The school district does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, race, or handicap in violation of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973.

Are you now, or have you ever been affiliated with, a group which advocates a belief in opposition to the Constitution of the United States?

Yes _____ No _____ Signature _____

AFFIRMATION: I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X

Signature of Applicant _____

Date Signed _____

Print any other names by which you are or have been known. _____

Moravia Central School use only:

Dated Received: _____

Area: _____

Interview: _____

Notes: _____

(Please write in your own handwriting)

Signature _____

Date _____

(Please write in your own handwriting)

Signature

Date