OGDENSBURG CITY SCHOOL DISTRICT
1100 STATE STREET, OGDENSBURG, NEW YORK 13669
TELEPHONE: 315-393-0900

APPLICATION FOR INSTRUCTIONAL POSITION

POSITION DESIRED: _____ DATE: _____

I. **PERSONAL DATA:**

Name: _____
Last First Middle Initial

Address: _____
Number and Street City State and Zip Code

Telephone: _____ Business Telephone: _____
Home Cell

Social Security Number: _____ NYS Retirement Number: _____

II. **CERTIFICATION(S):**

AREA OR FIELD OF NYS CERTIFICATION	DA TE OF ISSUE	CERTIFICATION CODES: Perm. = Permanent; Prov. = 5 Year Provisional; C.O.Q. = Certificate of Qualification; Pend. = Pending (Please Explain) None	NUMBERS OF HOURS NEEDED FOR PERMANENT CERTIFICATION

Have you ever been convicted of a crime? Yes___ No___
(Conviction of a crime will not necessarily disqualify an applicant)

If yes, please explain:

_____

Do you "illegally" use drugs? Yes _____No ____

III. EDUCATIONAL BACKGROUND:

SCHOOL	LOCATION	DATES ATTENDED	TYPE OF DIPLOMA OR DEGREE	DATE GRANTED	MAJOR
High School					
College/University					
Graduate Studies					

Number of Semester Credit Hours Above Highest Degree _____

Distinctions and Honors: ◆

IV. TEACHING EXPERIENCE:

TYPE OF EXPERIENCE	SCHOOL, LOCATION AND TELEPHONE NUMBER	GRADES OR SUBJECT TAUGHT	FROM	TO	TOTAL YEARS
Student Teaching					

Have you received tenure in any School District or BOCES: Yes_____ No_____

If yes, please indicate name of school district or BOCES: _____

Have you ever been denied tenure? Yes_____ No_____

If yes, explain: _____

V. ACTIVITIES:

Positions of leadership held or honors received in college, teaching, or in the community:

_____
_____
_____

Hobbies:

_____
_____
_____

Experience in organizations you feel help qualify you for the position:

_____
_____
_____

Recent participation in professional activities:

_____
_____
_____

VI. OTHER EXPERIENCES WITH CHILDREN:

TYPE OF EXPERIENCE	CITY AND STATE	KINOOFWORK	DATE OF EMPLOYMENT	LENGTH OF SERVICE

VII. NON-TEACHING WORK EXPERIENCE: (list most recent employer first.)

NAME OF FIRM OR EMPLOYER	CITY AND STATE	KIND OF WORK	DA TE OF EMPLOYMENT	LENGTH OF SERVICE

VIII. MILITARY EXPERIENCE:

In United States Armed Forces: Yes _____No__ If yes, complete below.

Length of Service: _____Branch: _____ Date of discharge: _____ _

IX. PLACEMENT FOLDER:

If requested, please have your placement folder sent to the Ogdensburg City School District immediately.

Name of College/University where your placement folder is located: _____

X. PROFESSIONAL REFERENCES:

NAME	OFFICIAL POSITION	WHAT INSTITUTION	PRESENT ADDRESS	TELEPHONE

In your own handwriting, please outline how you perceive your long-term purposes and contributions to the education of children:

(Applicant's signature signifies that he/she has given truthful and complete information. Applicant understands that failure to do so represents grounds for termination.)

_____ _____

Applicant's Signature Date

The Board of Education. Its Officers, and employees shall not discriminate against any employee or applicant for employment on the basis of race, color, national origin. creed or religion, marital status. sex. age. or otherwise qualified persons with a mental or physical disability. This policy of non-discrimination includes recruitment and appointment of employees and employment pay benefits. The Title IX Coordinator is: Ms. Brooke Reid, Assistant Superintendent for Curriculum, Instruction, Assessment and Technology.1100 State Street, Ogdensburg. NY 13669, 315-393-0900, ext. 3 I902. The 504 and ADA Coordinator is: Ms. Rebecca Bascom, Director of Special Education, 1100 State Street, Ogdensburg, NY 13669. 315-393-0900, ext. 31902