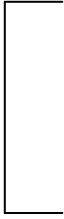


**WAPPINGERS CENTRAL SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES  
167 MYERS CORNERS ROAD, SUITE 200  
WAPPINGERS FALLS, NEW YORK 12590**

**TELEPHONE: (845)298-5000, EXT 40115**



**APPLICATION FOR PROFESSIONAL EMPLOYMENT**

Your candidacy will not be considered until all of the following documents are received in the Office of Human Resources:

- This application with each item completed in full in your own handwriting.
- A copy of your New York State teaching certificate(s). If your NYS certification is pending:
  - \* Indicate the date when you will have fulfilled the requirements for a certificate and request that your college send a letter verifying that date,
  - \* Enclose verification that you have achieved satisfactory scores on the NYS Teacher Certification Examinations required for your certificate area, and
  - \* Submit verification that you have completed the workshops required for NYS certification (Child Abuse Identification, School Violence Prevention & Intervention and Autism, if required).
- A cover letter and current resume.
- Transcripts for all college credits completed (both undergraduate and graduate courses). Photocopies of transcripts are acceptable if they are legible and complete. Diplomas and/or grade reports are not acceptable substitutes for transcripts.
- Three current letters of professional reference from individuals who have direct knowledge of your professional ability. All three letters must be signed and dated within the past 18 months and cannot be from current WCSD employees. You may also choose to include additional letters of recommendation, copies of evaluations, or other relevant documents that would assist us in assessing your qualifications.

Your application will be kept on file for one calendar year. If after that time you wish to remain an active candidate for a position with WCSD, we request that you submit an updated cover letter and resume.

We suggest that you keep a photocopy of your completed application and documentation for your records before returning it to the Office of Human Resources.

You may call the Office of Human Resources only to verify that your candidate folder is complete. If an opening arises and you are selected for an interview, you will be contacted by an Administrator.

**THE WAPPINGERS CENTRAL SCHOOL DISTRICT  
IS AN EQUAL OPPORTUNITY EMPLOYER.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
APPLICATION FOR PROFESSIONAL EMPLOYMENT**

Application for position of (Elementary And/Or Subject Area(s)) \_\_\_\_\_  
Area(s) of certification only

Circle grade level(s) preferred K 1 2 3 4 5 6 7 8 9 10 11 12 Date Available for Employment \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last, First, Middle

Permanent Address \_\_\_\_\_  
Street Address, City, State, Zip Code

Permanent Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Temporary Address \_\_\_\_\_  
Street Address, City, State, Zip Code

Temporary Telephone Number \_\_\_\_\_ Until what date? \_\_\_\_\_

If you are presently a member of (or if you are receiving a benefit from) a public retirement system in New York State, please indicate which system (Teachers, Employees, Police & Fire), your member number, and the percentage (if any) you contribute:

System \_\_\_\_\_ Member Number \_\_\_\_\_ Percentage \_\_\_\_\_

If previously employed by the District, give job title(s) and dates of employment: \_\_\_\_\_

**New York State Teaching Certificate(s)**

\_\_\_\_\_  
Initial, Provisional, Professional, Permanent, Transitional B Certification Area Effective Date

\_\_\_\_\_  
Initial, Provisional, Professional, Permanent, Transitional B Certification Area Effective Date

\_\_\_\_\_  
Initial, Provisional, Professional, Permanent, Transitional B Certification Area Effective Date

**Computer Proficiency** Indicate your level of experience using computers, both on a personal level and with students, including any computer programs you are able to use.

\_\_\_\_\_  
\_\_\_\_\_

**School Activities** Indicate any extracurricular activities you would be willing and qualified to conduct.

\_\_\_\_\_

**College Education** List all colleges attended in reverse chronological order.

Dates Attended	Name and Location (City/State) of College or University	Degree Received And/ Or Number of Credits	Grade Point Average	Major Field(s) Of Study
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____

**Professional Experience** List all teaching or related experience in reverse chronological order. Experience credit will be verified with your former employers.

Dates Employed	Name and Location (Street Address, City, State, Zip Code) of School and/or School District	Grades and/or Subjects Taught	Full-Time, Part-time, or Student Teaching	Reason For Leaving
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____
From (month/year) _____	_____	_____	_____	_____
To (month/year) _____	_____	_____	_____	_____

Answer yes or no: Have you ever resigned or do you anticipate you will be resigning from a teaching and/or administrative position to avoid dismissal or disciplinary action for any reason? \_\_\_\_\_

If you answered “yes,” attach an explanation for the response, providing the specifics. The above circumstance does not represent an automatic bar to employment by the District.

**Professional References** List four individuals who have direct knowledge of your teaching ability, scholarship, and character. Do not list individuals currently employed by the Wappingers Central School District.

Name & Position	Complete Mailing Address	Daytime Telephone Number
1) _____ _____	_____	_____
2) _____ _____	_____	_____
3) _____ _____	_____	_____
4) _____ _____	_____	_____

**Moral Character Determination** Answer yes or no.

Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid a disciplinary investigation and/or dismissal for any reason? \_\_\_\_\_

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable"? \_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor), other than minor traffic violations? \_\_\_\_\_

Do you currently have any criminal charges pending against you? \_\_\_\_\_

Have you ever had an application for a teaching credential in New York or any other jurisdiction denied? \_\_\_\_\_

Have you ever had a teaching credential issued in New York or any other jurisdiction revoked, suspended, annulled, or otherwise invalidated? \_\_\_\_\_

Have disciplinary proceedings ever been initiated against you pursuant to Education Law Section 3020-a or the Disciplinary provisions of any other jurisdictions? \_\_\_\_\_

If you answered "yes" to any of the questions above, provide below the specifics or an explanation for the response. None of the above circumstances represents an automatic bar to employment by the District.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are retired and receiving a benefit from a New York State public employer**, please be advised you are responsible for contacting the retirement system to determine what if any impact employment by the District will have on your retirement allowance.

**Signature**

I affirm that the statements made in this application and all accompanying documents are true and complete to the best of my knowledge. I authorize investigation of my employment history and all statements contained in this application and any accompanying documents. In the event of employment, I understand that false information or a deliberate omission found herein may be cause for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date