Hannibal Central School District

928 Cayuga Street, Hannibal, NY 13074

EMPLOYMENT APPLICATION

"Helping students develop personal excellence"

PERSONAL INFORMATION

Name	Middle		Last	Phone ()	
AddressStreet		City		Phone () Zip Code	
E-mail Address		So	cial Securi	ity Number	
Are you a U.S. citizen?	Yes	lo 🗌	TRS/ERS	Retiree No	<u>.</u>
If no, have you filed a declara	ation of intention to	o become a U.S. o	citizen?	Yes No	
Have you ever been terminate	ed from employme	nt or volunteer se	ervice?	Yes No	
If yes, please explain					
Have you ever been convicted	d of a crime (other	than a traffic viol	lation)?	Yes No	
If yes, please explain					
Drivers License #(for transporation and maintenance position	tions)	State	of Issue: _		
Do you have relatives working for the Hannibal Central School District? Yes No Please list					
POSITION APPLYING	FOR				
Teaching / Admini	istrative / Other	Professional		Non-Instructional (clerical, custodial/maintenance, teacher aide, food service, bus driver)	
Position			Position	l	
Substitute Teaching				full time part time or substitute	
Subject(s)			Building	g Preference	

EDUCATION

High School			Graduate yes	no
	Name and location		If no, currently attending	ng? yes 🗌 no 🗌
			GED yes	no 🗌
College				
C	Name and location	Major	Hours completed	Degree
College				
C	Name and location	Major	Hours completed	Degree
College				
	Name and location	Major	Hours completed	Degree

WORK EXPERIENCE (Please list most recent employment first) For teaching applicants, please include student teaching if completed within the last five years.

Dates Employed	Employer (top line) Address (bottom line)	Position (top line) Wage (bottom line)	Reason for Leaving
1			
2. (From - to)			
3 (From - to)			
4 (From - to)			
5 (From - to)			

OTHER SKILLS OR TRAINING

Summarize other job-related skills or training you have acquired.

U.S. MILITARY SERVICE

Branch	Years Served:	From	to	Highest Rank	
Position		_Type of Discl	harge		
Are you an active member of a Nation	al Guard or Res	serve Unit?	Yes	No 🗌	
2		2			

NOTE—this page applies only to applicants for teaching, pupil services, administrative or other positions requiring New York State certification.

CERTIFICATION

I hold the New York State Teaching or Administrative Certificate(s) described below. A copy of my certificate is included in my application.

Certificate Type (Initial, Professional, Permanent, other)	Certification Area	Certification/License #	Date Issued		
Other licenses held (ty	pe and issuing authority)				
	nrrent N.Y.S. certificate, but are on with this application.	pursuing certification please state v	what steps you have completed		
TENURE STATUS					
Were you appointed to	tenure in a public school distric	ct in New York State? Yes	No		
School District	Effective Date				
		esult of an Education Law Sec. 3020			
Did you ever resign fr Yes No	om a school district in lieu of be If yes please explain:	eing terminated?			

WRITTEN STATEMENT

Please submit a brief statement on a separate piece of paper that describes your professional aspirations, perspective on teaching and learning, or other information that would assist the District in evaluating your candidacy for a position.

REFERENCES

List four individuals having firsthand knowledge of your professional training, ability, experience and personal character. Include the name, address and telephone number of each to contact for personal or professional reference.

Name	Address	Phone #	How does this person know you?
1			
2			
3			
4			
May we refer to your pres	sent employer(s)? Yes	No 🗌	

ACTIVITIES

Please list scholastic, professional, or volunteer organizations to which you belong or participate. Also any other activities in which you participate that would be useful in evaluating your application. (Do not indicate any organization that would indicate race, creed, color or national origin)

INDEMNIFICATION & AFFIRMATION

I understand that the Hannibal Central School District makes inquiries regarding information I have provided in this employment application and I hereby release from any liability anyone giving information about me, whether specified in this application or not, so long as the information given is relevant to employment with the District. I understand that information gathered, in part or whole may be shared with members of the District involved in the employment process. I further understand that all information gathered by you regarding my application will be the property of the school district and will not be released to me unless required by a federal or state statute or regulation.

I hereby affirm under penalty of perjury that the information set forth in this application is true and complete to the best of my knowledge and belief, I understand that falsification or omission of information requested on this application is sufficient cause for disqualification of my application, or if employed, for dismissal.

Signature of Applicant

Date

This application and related correspondence must be submitted to: Hannibal Central School District District Office 928 Cayuga Street Hannibal, NY 13074 Phone: 315-564-7900 FAX: 315-564-7263

Please do not call the district to see if your application was received. Mail it with tracking information or hand deliver it.

Applications will remain active for one year.

The Hannibal Central School District does not discriminate in employment or in its educational programs and activities against qualified individuals with disabilities, nor on the basis of age, gender, gender identity, race, color, religion or national origin.