

Hannibal Central School District

928 Cayuga Street, Hannibal, NY 13074

EMPLOYMENT APPLICATION

"Helping students develop personal excellence"

PERSONAL INFORMATION

Name _____ Phone () _____
First Middle Last

Address _____ Phone () _____
Street City Zip Code

E-mail Address _____ Social Security Number _____ - _____ - _____

Are you a U.S. citizen? Yes No TRS/ERS Retiree No. _____

If no, have you filed a declaration of intention to become a U.S. citizen? Yes No

Have you ever been terminated from employment or volunteer service? Yes No

If yes, please explain _____

Have you ever been convicted of a crime (other than a traffic violation)? Yes No

If yes, please explain _____

Drivers License # _____ State of Issue: _____
(for transportation and maintenance positions)

Do you have relatives working for the Hannibal Central School District? Yes No

Please list _____

POSITION APPLYING FOR

Teaching / Administrative / Other Professional

Non-Instructional
(clerical, custodial/maintenance, teacher aide, food service, bus driver)

Position _____

Position _____

Substitute Teaching

full time part time or substitute

Subject(s) _____

Building Preference _____

EDUCATION

High School _____

Name and location

Graduate yes no

If no, currently attending? yes no

GED yes no

College _____

Name and location

Major

Hours completed

Degree

College _____

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. _____
(From - to)

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 Discharge _____

Are you an active member of a National Guard or Reserve Unit? Yes No

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If holding a certificate from another state, please identify _____

Other licenses held (type and issuing authority) _____

If you do not hold a current N.Y.S. certificate, but are pursuing certification please state what steps you have completed and include verification with this application.

TENURE STATUS

Were you appointed to tenure in a public school district in New York State? Yes No

School District _____ Effective Date _____

Were you ever dismissed from a school district as a result of an Education Law Sec. 3020-a process?
Yes No If yes please explain _____

Did you ever resign from a school district in lieu of being terminated?
Yes No If yes please explain: _____

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 present 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
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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.