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APPLICATION OF	
(Please Print)	
Date of Application	
POSITION PREFERENCE	
First Choice: Level/Subject Area	
Second Choice:	
Third Choice:	

PERSONAL DATA

Dr., Mr., Mrs., Ms.				
Last	H	rirst		Middle
ADDRESS:			Telephone# ()
City	State			Zip Code
Social Security #		NYS To	chr's Ret. System	
Are you a citizen of the United States?	Yes	No	(if available) e-mail addr	
Have you ever been convicted of a crime?	Yes	No	·····	

EDUCATION AND PROFESSIONAL TRAINING

Name & Location of School		Dates A	Attended	Type of Diplo	ma Earned
High School					
, ·			· · •		
Name & Location of School(s)	Dates Attended	Major	Mi	nor I	Degree Earned
Undergraduate					
		ļ			
Name & location of School(s)	Dates Attend	led	Area of	# of Credits	Degree
	Dates Atten		Specialization	Earned	Earned
Graduate			₽, _ , _ , _ , _ , _ , _ , _ , _ , 		
	·				, <u>, 2</u>

CERTIFICATION

TYPE	Valid in		Date of	# of Certificate	Сору А	ttached
Perm, Prof, CQ	State of	Subject Area(s)	Issuance		YES	NO

TEACHING EXPERIENCE

List most 1	recent experience fin	st. Include any sub	stitute teach	ing and indicate	as such.		
Dates	Total Years	Name & Lo	cation of Sc	hool	Specific N	Vature of Position evel, Subject, etc.)	If Full-Time Position, Annual Salary
Student T Dates		than 3 years of reg Name & L	ular full-tin .ocation of S	ne employment School	, include stud	ent teaching exper Subject and/or	ience here. • Grade Level
	ever been awarded t ever been denied ter		NO NO	_ District _ District		Date	

OTHER WORK EXPERIENCE

(Business, tr	ades, summer occupations)			
Dates	Firm or Institution	Nature of Work	Full-Time Employment	Evenings, Weekends, Summer Vacation Periods, etc.

EXTRACURRICULAR ACTIVITIES AND INTERESTS

MILITARY SERVICE

	Inclusiv	ve Dates		
Branch of Service	Mo-Yr.	Mo-Yr.	Highest Rank Attained	Nature of Assignmen
······································				
	<u></u>			
of Separation		Date	Present Status	

REFERENCES

List at least three (3) references who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If currently employed, include your present supervisor.

Name	Position	Business Address	Telephone Number (important)
		· · · · · · · · · · · · · · · · · · ·	

CANDIDATE'S STATEMENT

Applications often fail to convey a candidate's unique potential. Please comment in your own handwriting, in the space below, why your particular abilities/and personality are well-suited for the teaching profession.

ADDITIONAL MATERIALS TO BE SUBMITTED

College Transcript – Copy Resume Certification if applicable Other evidence to support your application Applications are only accepted via: mail or in person to the address below or faxed to 845-858-3265

> Port Jervis City School District Assistant Superintendent for Instruction 9 Thompson Street Port Jervis, NY 12771

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct. I understand that making a false statement on this application, or the withholding of information pertinent to my candidacy, may constitute grounds for dismissal.

Signature

Date

The Port Jervis City School District, in compliance with the New York State Law, does not discriminate on the basis of age, color, national origin, sex, religion, marital status, or disability.