



# PROFESSIONAL APPLICATION

Date \_\_\_\_\_

For what position are you applying?

Date available for employment

Social Security Number

Phone Number

## PERSONAL INFORMATION

(Please Print) Last Name

First Name

Middle Initial

Present Address

City

State

Zip

Permanent Address (or last previous address)

Are you a citizen of the United States?

Yes

No

If not, have you filed a Declaration of Intent?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Misdemeanor?  Yes  No

Are you serving in the US Armed Forces?

Yes

No

Please indicate any special accommodations required for you to perform the duties for the position for which you have applied.

## CERTIFICATION INFORMATION

Do you presently hold a valid New York State certificate for the position for which you are applying?  Yes  No

Certification Area:

TYPE

DATE ISSUED/EXPIRES

CERTIFICATION NUMBER

Initial

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Professional

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Provisional

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Permanent

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

List other certificates you hold:

## RETIREMENT:

If you are a member of the New York State Teacher's Retirement System, list your number \_\_\_\_\_

**EDUCATION AND PROFESSIONAL TRAINING**

	School Name/Location	Dates Attended Month/Year From/To	Degree or Diploma	Date of Completion	Total Credits	Major Subject Credits	Minor Subject Credits
High School							
College/s							
Graduate School/s							
Other Sessions/Programs							

What was your College Major?

Minor?

NOTE: Official transcripts will be required to verify salary schedule placement. However, for the purpose of evaluating your candidacy, copies of the transcripts should be received with this application.

**EDUCATIONAL EXPERIENCE** — Please list your most recent experiences first.

Dates From/To	School Name/ Location	Title, Nature of Work Subject, Grade Level	Total Years	Annual Salary

**STUDENT TEACHING** — If fewer than three (3) years of regular full time employment, include student teaching experience here.

DATES	School Name/Location	Subject or Grade Level	Supervising Teacher

If presently employed, why do you wish to leave your present position?

Have you ever been dismissed from a position? If so, please explain:





**CITY SCHOOL DISTRICT OF ALBANY  
ACADEMY PARK – ELK STREET  
ALBANY, NEW YORK 12207**

**SUBSTITUTE APPLICATION**

Please indicate with an X:

(1) \_\_\_\_\_ I hereby request that my name be placed on the Itinerant Substitute List with the City School District of Albany, New York for the school year 2010-2011.

Do you hold a N.Y.S. Teacher's Certificate Yes \_\_\_\_\_ No \_\_\_\_\_ Expired \_\_\_\_\_

If Yes: Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Restricted to \_\_\_\_\_

Are you retired from the City School District of Albany? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Have you ever been employed by the City School District of Albany?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Do you have your BA or BS degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Major: \_\_\_\_\_

Do you have your MA or MS degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Major: \_\_\_\_\_

I hereby make my application to work as an Itinerant Substitute in the City School District of Albany, New York as checked below:

All Elementary Schools \_\_\_\_\_ All Secondary Schools \_\_\_\_\_ Elementary & Secondary Schools \_\_\_\_\_

(A) I will be available to work as a substitute **EVERY DAY OF THE WEEK** that schools are in session.  
Yes \_\_\_\_\_ No \_\_\_\_\_

(B) If you are **unable to work every day** that schools are in session, please check those days you **WILL NOT BE** available to work.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Reasons: \_\_\_\_\_

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information on this application is grounds for disqualification from further consideration or for subsequent dismissal from employment. If I am hired, I also agree to notify the City School District of Albany of any material changes in the information provided on this application. I hereby consent to have the City School District of Albany contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. Further, I hereby authorize my former employers, references and any other individual or organization to provide information solicited by the City School District of Albany. And, I hereby release and discharge each of the above, including the City School District of Albany, of any liability of any kind or nature and waive all right to bring any action for defamation, invasion of privacy or any similar course of action against anyone contacted as a result of what he or she may say about me. The Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice and the Federal Bureau of Investigation. Employment may be offered prior to receipt of finger print clearance. Continued Employment is contingent upon clearance from the State Education Department.

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone (H) \_\_\_\_\_

(C) \_\_\_\_\_

**CITY SCHOOL DISTRICT OF ALBANY  
ACADEMY PARK  
ALBANY, NEW YORK 12207  
An Equal Opportunity/Affirmative Action Employer**

**OFFICE OF HUMAN RESOURCES**

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

**NOTE:** Submission of this information is **VOLUNTARY** and **WILL NOT BE USED IN THE CONSIDERATION OF YOUR APPLICATION**. The information is processed by the Affirmative Action Office and is used solely as provided by law or for compliance purposes.

In an effort to comply with requirements regarding District record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision

DATE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_  
Last First Middle Initial

TELEPHONE NUMBER:(\_\_\_\_)\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ Male \_\_\_\_\_ Female VETERAN \_\_\_\_\_

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

African American or Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_

Other \_\_\_\_\_

The City School District of Albany, New York, does not discriminate on the basis of Age, Race, Color, National Origin, Sex, Sexual Orientation, Disability or Marital Status in Employment or any of the educational programs and activities which it offers or operates, as it is required to do by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the New York State Human Rights Laws.