

**Florida Union Free School District**  
**S.S. Seward Memorial Building**  
**51 North Main Street**  
**P.O. Drawer 757**  
**Florida, New York 10921-0757**

Date: \_\_\_\_\_

**PROFESSIONAL  
APPLICATION**

**POSITION PREFERENCE**

Teaching

Substitute Teaching

Administrative

Subject \_\_\_\_\_

Subject \_\_\_\_\_

Position \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last
First
Middle

Present Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code)
(Include Area Code)

Permanent Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code)
(Include Area Code)

Email: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Retirement No. \_\_\_\_\_

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes  No  If yes, what provisions would the district need to make? Explain.

\_\_\_\_\_

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

Have you ever been convicted of a crime? Yes  No  If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Are you an honorably discharged veteran? Yes  No

Are you an exempt volunteer fireman? Yes  No

**CERTIFICATION/LICENSE**

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copies)*

	Area	Date Issued
Permanent/Professional <input type="checkbox"/>	Provisional/Initial <input type="checkbox"/>	_____
CQ/Transitional <input type="checkbox"/>	Conditional Provisional/Conditional Initial <input type="checkbox"/>	_____
Permanent/Professional <input type="checkbox"/>	Provisional/Initial <input type="checkbox"/>	_____
CQ/Transitional <input type="checkbox"/>	Conditional Provisional/Conditional Initial <input type="checkbox"/>	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes  No

Do you have an evaluation of your NYS certificate status? Yes  No  If yes, enclose a copy.

Other licenses held; type and issuing authority \_\_\_\_\_

## EDUCATIONAL PREPARATION

Name and Location of School	Nature of Studies	Did you Graduate?	
High School			
Name and Location of School	Nature of Studies	Degree	Date Granted
College (Undergraduate)*			
College (Graduate)*			
Vocational/Technical/Trade*			

*\*provide copy of transcripts*

## TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

## MILITARY OR OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

## TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes  No  If yes, complete.

Tenure Area \_\_\_\_\_ Effective Date \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a? Yes  No

Name and address of school district where tenure was granted: \_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

---

---

---

---

---

## OTHER SKILLS AND ABILITIES

(e.g., coaching, sign language)

---

---

## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name

Position

Address & Telephone No.

---

---

---

---

May we refer to your present employer? Yes  No

May we refer to your former employer(s) Yes  No

Placement Folder may be secured from: (Name & Address) \_\_\_\_\_

\_\_\_\_\_

