

EDUCATIONAL PREPARATION

Name & Location of School	Dates Attended	Nature of Studies	Semester Hours Completed	Name of Degree Received	Date Degree Granted
High School / GED					
College (undergraduate)*					
College (Graduate)**					
Vocational/Technical/Trade*					

*provide copy of transcripts (if hired, official transcripts will be required at that time)

EXPERIENCE

List most recent experience first. Include any substitute or part-time teaching and indicate as such. **Attach additional sheets if necessary.**

FROM	TO	EMPLOYER	CONTACT TELEPHONE NUMBER ()
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR NAME & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		SALARY OR HOURLY RATE AND HOURS PER WEEK START \$ _____ HOURS PER WEEK _____ FINAL \$ _____ HOURS PER WEEK _____	
FROM	TO	EMPLOYER	CONTACT TELEPHONE NUMBER ()
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR NAME & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		SALARY OR HOURLY RATE AND HOURS PER WEEK START \$ _____ HOURS PER WEEK _____ FINAL \$ _____ HOURS PER WEEK _____	
FROM	TO	EMPLOYER	CONTACT TELEPHONE NUMBER ()
YOUR JOB TITLE/POSITION		ADDRESS	
IMMEDIATE SUPERVISOR NAME & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		SALARY OR HOURLY RATE AND HOURS PER WEEK START \$ _____ HOURS PER WEEK _____ FINAL \$ _____ HOURS PER WEEK _____	

REFERENCES

List at least three individuals having personal knowledge of your professional training, ability, experience and personal character. The District may contact these references. **Please send copies of your references (signed by the author) or college credential file with this application.**

Name	Position & Relationship To You	Address & Telephone No.

CERTIFICATION AND SIGNATURE

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment. Furthermore, I understand and agree to abide by the procedures for fingerprinting and criminal history background check as required by law prior to appointment. I understand that any fees associated with these procedures will be paid by me.

Applicant Signature _____ Date _____

Completed application packets* are kept on file for one year. Selected candidates will be contacted for interview. Interviews for vacancies are arranged by appointment only and will take place prior to the Board of Education approval.

**see district website-employment page for items needed for an application to be complete*

Non-Instructional positions require both the Dryden and the Tompkins County Civil Service On-Line Application

Please return completed application with support documents and note regarding status of your County online application to:

Lisa Stelick, Human Resources Specialist - Dryden Central School District, PO Box 88, Dryden, NY 13053
 Telephone: (607)844-5361 (x7) Fax: (607)844-4733 Email: PERSONNEL@DRYDEN.K12.NY.US

Equal Opportunity Employer