

THE GREATER AMSTERDAM SCHOOL DISTRICT
11 Liberty Street
Amsterdam, NY 12010

DATE _____

RETURN TO:
Office of Curriculum & Instruction

TEACHER APPLICATION

NAME _____ SOC. SEC. # _____
(Last) (First) (MI)

PRESENT ADDRESS _____ PHONE _____
(Street) (City/State) (Zip)

PERMANENT ADDRESS _____ PHONE _____
(Street) (City/State) (Zip)

.....
1. What is your present position? _____ Salary _____

Why do you wish to leave it? _____

Do you hold a New York State Teaching Certificate? _____ Is it Valid? _____

Type Field or Subject Area(s) _____

If not, have you made application to Teacher Education Division, State Department of Education at Albany, NY? _____

What foreign and U.S. travel experience have you had?

What are your leisure time activities that may be related to what you are willing to teach or supervise? _____

Do you speak a second language? _____ Language spoken _____

How fluently? Excellent _____ Good _____ Fair _____

Can you coach athletics? _____ List your interscholastic sports _____

List your intramural sports _____

Are you willing to cooperate in assuming responsibility for extra-curricular activities:

Yes _____ No _____ If yes, List areas _____

List specialties in extra-curricular activities: _____

2. **POSITION SOUGHT:** (Check the level/position desired)

Elementary (K-5) _____ Middle School (6-8) _____

High School (9-12) _____ Special Education Pre-K-12 _____

Classroom Teacher _____ Subject or Area _____

Specialized Field (Indicate) _____

A. **ELEMENTARY SCHOOL APPLICANTS ONLY - Elementary Position Preference:**

Pre-Primary _____ Primary _____ Intermediate _____

Specialized Field (Indicate) _____

B. **SECONDARY SCHOOL APPLICANTS ONLY**

	Subject/Field	Middle School/High School
First Choice	_____	in _____
Second Choice	_____	in _____
Third Choice	_____	in _____

C. **SPECIAL EDUCATION POSITIONS:**

Pre-K _____ Primary _____ Intermediate _____ Secondary _____

Indicate Preference: Physically Handicapped _____ Hearing Impaired _____

Visually Impaired _____ ED _____ LD _____ TMR _____ EMR _____ OTHER _____

Do you hold certification for area(s) selected above? Yes _____ No _____

If no, please explain status _____

3. **EDUCATION AND PREPARATION FOR TEACHING**

Degrees Held: BA _____ + No. Of Credits _____ MA _____ + No. Of Credits _____

Ed.D. _____ Ph.D. _____

Name and Location of School, College or University	Degree or Certificate and Date Received
High School	
College(s)	
Special Work	

4. TEACHING EXPERIENCE - Total Years Experience (Omit Practice Teaching)

Name and Location of School	Salary	Grade or Subjects	Dates

5. OTHER VOCATIONAL EXPERIENCE

Name of Firm or Employer City/State	Kind of Work	Dates	Length of Service

6. REFERENCES

- A. From what Placement Bureau or College Appointment Office can your credentials be secured?
- B. List Superintendents, Principals and Supervisors under whom you have taught and who have first hand knowledge of your ability as a teacher.

Names and Position

Address

Phone No.

7. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION:

- A. Have you ever been released from a previous position? Yes No
- B. Have you ever resigned from any employment rather than face dismissal? Yes No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was dishonorable? Yes No
- D. Have you ever been convicted of anything other than a traffic violation? Yes No
- E. Are you now under charges for any crime? Yes No
- F. Are you related by blood or marriage to any present or past employee of the GASD or any past or present GASD official or Board of Education member? Yes No

If you answered "Yes" to any of the questions 7. A-E above, please explain on a separate sheet of paper. If you answered "Yes" to 7. F please, list their name(s), your relationship and the position(s) or office(s) held by your relatives.

8. I authorize the Greater Amsterdam School District to make a thorough investigation of my past employment, schooling, activities and education, and release from all liability persons, companies, or agencies supplying such information.

I hereby certify that the forgoing statements are true and correct to the best of my ability.

Signature

9. COMMENTS BY CANDIDATE (in your own handwriting) - Write specifically of your educational philosophy and professional aspirations.