

TEACHER APPLICATION

DISTRICT OFFICE
Dansville Central School District
337 Main Street
Dansville, New York 14437

	APPLICATION FOR		
NAME:			
ADDRESS:			
PHONE NUMBER:			
Email::			

PLEASE COMPLETE THE ENTIRE APPLICATION.
IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.

RETURN COMPLETED APPLICATION TO:

Thomas D. Frazier Deputy Superintendent 337 Main Street Dansville, NY 14437

The Dansville Central School District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, disability, religion, sex, age, national origin or any other characteristic protected under Federal or State Law, as applied to school districts.

Name:				
(Last)	(First)	(Mic	idle)	
Address:				
	(Street and Number)			
	(City and State)	(Zip Code)		
Cell Phone:	rea code and Number)	Home Phone:		
(Ai	rea code and Number)		(Area code and Number)	
Email Address:				
Retirement #:				
Present Employer:				
Phone:				
Position:		_		
Earliest date availabl	e for employment:			
	onvicted of a felony or m not be an automatic bar to employ		YesNo	
If "Yes," state the date	e, location, and nature of	the act:		
CERTIFICATIONS: (Tea	achina & Administrative)			
Certification	Provisional/Permanent	Date	Certificate #	



EDUCATIONAL PREPARATION: (List in Chronological Order)

College / University & Address

Dates Attended

Conferred Major / Minor

Date

TEACHING EXPERIENCE: (List in Chronological Order)

School & Address	Dates	Grade / Subject	Tenure Date

OTHER RELATED EXPERIENCE: (Include Civic and Community Participation)

Firm or Organization & Address	Position	Dates

 $\pmb{REFERENCES:} \ \ (\textit{Include the names of administrators or supervisors from your current and immediate previous employer)}$ Official Position Name Complete Mailing Address Phone Number **IMPORTANT:** I understand that the Dansville Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) as long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the District and will not be released to me unless required by Federal or State statutes or regulation. Candidate's Signature **MILITARY SERVICE:** (If applicable) (Branch) (Date Entered) (Date Released) (Type of Discharge) PLEASE ATTACH A SEPARATE SHEET OF PAPER DESCRIBING: a. Why you are interested in this particular position. b. What particular strengths you would bring to this district. c. What additional information you want to be considered in the evaluation of your application, including honors received, presentations, interests, community service, publications, advanced work, etc. **ATTESTATION:** I hereby affirm that the information provided within this application and attached thereto is true and correct to the best of my knowledge. Signature Date

