

**EAST MORICHES UNION FREE SCHOOL DISTRICT  
PROFESSIONAL APPLICATION**

*Return application to:  
Superintendent of Schools  
East Moriches School District  
9 Adelaide Avenue  
East Moriches, NY 11940*

**Personal Information** (Please print)

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

Is additional information regarding a change of name or use of an assumed name necessary to enable a check on your work record?  Yes  No If yes, please explain \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip Code

Mailing Address: (if different) \_\_\_\_\_

City State Zip Code

NYS Teachers Retirement System Member?  Yes  No (If yes, indicate number \_\_\_\_\_)

NYS Employees Retirement System Member?  Yes  No (If yes, indicate number \_\_\_\_\_)

**Position Preference**

Position Applying For: \_\_\_\_\_

Type of Employment: (Check one)  Full-time  Part-time  Substitute  Temporary  Summer

Minimum Salary You Would Accept: \$ \_\_\_\_\_ Date Available For Work: \_\_\_\_\_

Present or Most Recent Annual Salary: \$ \_\_\_\_\_ and School Year: \_\_\_\_\_

How did you learn of vacancy? \_\_\_\_\_

**Certification/Professional License**

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

(Please check one)

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

Have you received fingerprinting clearance through the N.Y.S. Education Dept.?  Yes  No

If you do not have a NYS Teaching Certificate, have you applied for one?  Yes  No

Have you successfully passed the NYS Teacher Certification Exams?  Yes  No

Other licenses held – Type and Issuing Authority: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Educational Background**

Institution (Name & Address) Number of Years Completed/Credits Major/Minor Diploma/Degree

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teaching/Administrative Experience**

(Start with your present or last job. If you need additional space, please continue on a separate sheet of paper).

School Name and Address	Subject or Grade Taught	Dates	Tenured
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Teaching Experience**

School Name and Address	Subject or Grade Taught	Dates	Cooperating Teacher
_____	_____	_____	_____
_____	_____	_____	_____

**Non-Teaching Experience** (Include all significant jobs held)

Employer's Name and Address	Position-Title or Rank	Dates	Specific Nature of Duties
_____	_____	_____	_____
_____	_____	_____	_____

**Other Information**

Have you ever been convicted of a criminal violation?  Yes  No (If yes, please specify \_\_\_\_\_)

Do you have a pending arrest?  Yes  No (If yes, please specify \_\_\_\_\_)

(You need not list any conviction that has been expunged, sealed or statutorily eradicated. A conviction record will not necessarily disqualify an applicant for employment. Factors such as age at time of the offense, seriousness of the violation and rehabilitation will be taken into account.)

Are you legally authorized to work in the U.S.?  Yes  No (Written proof of lawful employment eligibility in the United States will be required upon offer of employment in accordance with the Immigration Reform and Control Act of 1986.)

**Personal Statement**

In your own handwriting, please indicate which strengths will enable you to contribute to the educational programs of the District, particularly those attributes which could distinguish you from other candidates for this position. Attach a separate sheet if necessary.

