

Monticello Central School District**Mrs. Tammy Mangus
Superintendent of Schools****Administration Building
237 Forestburgh Road
Monticello, NY 12701**

The Monticello Central School District does not discriminate on the basis of age, color, creed, disability, marital status, veteran status, national origin, race, handicap, or sex in the educational programs and activities including vocational education opportunities which it operates. This policy is in compliance with Title IX of the Education Amendments of 1972 and Section 504 Rehabilitation Act of 1973.

Inquiries concerning this policy may be referred to the District's Title IX Coordinator and Section 504 Coordinator, Mrs. Tammy Mangus, Superintendent of Schools, 237 Forestburgh Road, Monticello, NY 12701

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Schools:	
Position Applied for				
New York State Teachers Retirement Number:				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you accepted another position in any other school district in the last six months?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?
Have you received tenure in any other district?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?
Date of Tenure:				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain.
Have you been fingerprinted?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

Please attach official college transcripts to this application.**REFERENCES** - Include Superintendent, Principal, Supervisor, Critic, Teacher or others directly responsible for evaluating your work.Please list three professional references. **You may submit current letters of recommendation, on official letterhead stationery.**

NAME	MAILING ADDRESS – MUST BE COMPLETE	PHONE NUMBER	POSITION

RECORD OF EXPERIENCE - PLEASE INCLUDE LOCATION OF STUDENT TEACHING

Company or School		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company or School		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company or School		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

CERTIFICATION STATUS - INCLUDE STATE, CERTIFICATION AREA, EXPIRATION DATE, AND CERTIFICATE NUMBERS

If not certified in New York State, have you applied for NYS Certification?	Please explain:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District.

Signature: _____ Date: _____

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Signature: _____ Date: _____