



PROFESSIONAL APPLICATION

Date _____

For what position are you applying?

Date available for employment

Social Security Number

Phone Number

PERSONAL INFORMATION

(Please Print) Last Name

First Name

Middle Initial

Present Address

City

State

Zip

Permanent Address (or last previous address)

Are you a citizen of the United States?

Yes

No

If not, have you filed a Declaration of Intent?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Misdemeanor? Yes No

Are you serving in the US Armed Forces?

Yes

No

Please indicate any special accommodations required for you to perform the duties for the position for which you have applied.

CERTIFICATION INFORMATION

Do you presently hold a valid New York State certificate for the position for which you are applying? Yes No

Certification Area:

TYPE

DATE ISSUED/EXPIRES

CERTIFICATION NUMBER

Initial

_____/____/____

Professional

_____/____/____

Provisional

_____/____/____

Permanent

_____/____/____

List other certificates you hold:

RETIREMENT:

If you are a member of the New York State Teacher's Retirement System, list your number _____

EDUCATION AND PROFESSIONAL TRAINING

	School Name/Location	Dates Attended Month/Year From/To	Degree or Diploma	Date of Completion	Total Credits	Major Subject Credits	Minor Subject Credits
High School							
College/s							
Graduate School/s							
Other Sessions/Programs							

What was your College Major?

Minor?

NOTE: Official transcripts will be required to verify salary schedule placement. However, for the purpose of evaluating your candidacy, copies of the transcripts should be received with this application.

EDUCATIONAL EXPERIENCE — Please list your most recent experiences first.

Dates From/To	School Name/ Location	Title, Nature of Work Subject, Grade Level	Total Years	Annual Salary

STUDENT TEACHING — If fewer than three (3) years of regular full time employment, include student teaching experience here.

DATES	School Name/Location	Subject or Grade Level	Supervising Teacher

If presently employed, why do you wish to leave your present position?

Have you ever been dismissed from a position? If so, please explain:

**CITY SCHOOL DISTRICT OF ALBANY
ACADEMY PARK-ELK STREET
ALBANY, NEW YORK 12207**

SUBSTITUTE APPLICATION
(Please answer all questions)

Please check:

- (1) _____ I hereby request my name be placed on the Itinerant Substitute list with the City School District of Albany for the 2012-13 school year
- OR**
- (2) _____ I hereby request that my name **NOT** be placed on the Substitute list

If "**NOT**" is chosen, please sign and date below.

Do you hold a NYS Teachers Certificate? YES ___ NO ___ If yes, Certification held _____
Pending _____ Provisional _____ Permanent _____

Have you ever substituted with our District? YES ___ NO ___ SCHOOL YEAR _____

Have you ever been employed with our District? YES ___ NO ___ POSITION HELD _____
Dates of employment _____

Are you retired from the City School District of Albany? YES ___ NO ___ POSITION HELD _____ YEAR RETIRED _____

Do you have a BA degree? YES ___ NO ___ YEAR _____ Do you have a MA degree? YES ___ NO ___ YEAR _____

I hereby make application to work as an Itinerant Substitute for the City School District of Albany as checked below:

All Elementary Schools _____ All Secondary Schools _____ Elementary & Secondary Schools _____

(A) I will be available to work as a substitute EVERY DAY OF THE WEEK that schools are in session YES _____ NO _____

(B) If you are **NOT** available to work every day please indicate those days below

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

NAME _____ SIGNATURE _____
PLEASE PRINT

ADDRESS _____

PHONE # _____

**AN APPLICATION FOR EMPLOYMENT MUST BE ATTACHED FOR CONSIDERATION OF
EMPLOYMENT**

(Required only if you are a new applicant to the District)

OFFICE USE:

**CITY SCHOOL DISTRICT OF ALBANY
ACADEMY PARK
ALBANY, NEW YORK 12207
An Equal Opportunity/Affirmative Action Employer**

OFFICE OF HUMAN RESOURCES

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

NOTE: Submission of this information is **VOLUNTARY** and **WILL NOT BE USED IN THE CONSIDERATION OF YOUR APPLICATION**. The information is processed by the Affirmative Action Office and is used solely as provided by law or for compliance purposes.

In an effort to comply with requirements regarding District record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision

DATE: _____

APPLICANTS NAME: _____
Last First Middle Initial

TELEPHONE NUMBER:(____)_____ SOCIAL SECURITY # _____

POSITION(S) APPLIED FOR: _____

CHECK ONE: _____ Male _____ Female VETERAN _____

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

African American or Black _____ American Indian/Alaskan Native _____
Asian _____ Native Hawaiian/Other Pacific Islander _____
Hispanic or Latino _____ White _____
Other _____

The City School District of Albany, New York, does not discriminate on the basis of Age, Race, Color, National Origin, Sex, Sexual Orientation, Disability or Marital Status in Employment or any of the educational programs and activities which it offers or operates, as it is required to do by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the New York State Human Rights Laws.