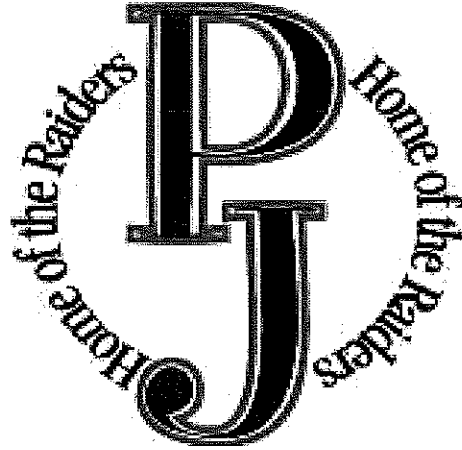


**PORT JERVIS PUBLIC SCHOOLS**  
9 Thompson Street  
P.O. Box 1104  
Port Jervis, NY 12771  
(845) 858-3100



**APPLICATION OF**

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(Please Print)

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Date of Application

**POSITION PREFERENCE**

First Choice: \_\_\_\_\_  
Level/Subject Area

Second Choice: \_\_\_\_\_  
Level/Subject Area

Third Choice: \_\_\_\_\_  
Level/Subject Area

Last Name

First Name

## PERSONAL DATA

Dr., Mr., Mrs., Ms. \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ Telephone# ( ) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ NYS Tchr's Ret. System #: \_\_\_\_\_  
(if available)

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No e-mail address below: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION AND PROFESSIONAL TRAINING

Name & Location of School	Dates Attended	Type of Diploma Earned		
High School				

Name & Location of School(s)	Dates Attended	Major	Minor	Degree Earned
Undergraduate				

Name & location of School(s)	Dates Attended	Area of Specialization	# of Credits Earned	Degree Earned
Graduate				

## CERTIFICATION

TYPE Perm, Prof, CQ	Valid in State of	Subject Area(s)	Date of Issuance	# of Certificate	Copy Attached	
					YES	NO

## TEACHING EXPERIENCE

List most recent experience first. Include any substitute teaching and indicate as such.

Dates	Total Years	Name & Location of School	Specific Nature of Position (Grade, Level, Subject, etc.)	If Full-Time Position, Annual Salary

**Student Teaching: If fewer than 3 years of regular full-time employment, include student teaching experience here.**

Dates	Name & Location of School	Subject and/or Grade Level

Have you ever been awarded tenure? YES \_\_\_\_\_ NO \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_  
 Have you ever been denied tenure? YES \_\_\_\_\_ NO \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_

## OTHER WORK EXPERIENCE

(Business, trades, summer occupations)

Dates	Firm or Institution	Nature of Work	Full-Time Employment	Evenings, Weekends, Summer Vacation Periods, etc.

## EXTRACURRICULAR ACTIVITIES AND INTERESTS

Circle any of the following which you can coach or direct: Football Soccer Tennis Basketball Baseball Track Golf  
 Dramatics Clubs Newspaper Yearbook Other \_\_\_\_\_

Language (s) other than English \_\_\_\_\_

College or Community Activities \_\_\_\_\_

Hobbies, Interests, Other Abilities \_\_\_\_\_

## MILITARY SERVICE

Branch of Service	Inclusive Dates		Highest Rank Attained	Nature of Assignment
	Mo-Yr.	Mo-Yr.		

Type of Separation \_\_\_\_\_ Date \_\_\_\_\_ Present Status \_\_\_\_\_

## REFERENCES

List at least three (3) references who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If currently employed, include your present supervisor.

Name	Position	Business Address	Telephone Number (important)

### CANDIDATE'S STATEMENT

Applications often fail to convey a candidate's unique potential. Please comment in your own handwriting, in the space below, why your particular abilities/and personality are well-suited for the teaching profession.

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### ADDITIONAL MATERIALS TO BE SUBMITTED

College Transcript – Copy Resume Certification if applicable Other evidence to support your application	<b>Applications are only accepted via: mail or in person to the address below or faxed to 845-858-3265</b>  Port Jervis City School District Assistant Superintendent for Instruction 9 Thompson Street Port Jervis, NY 12771
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### CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct. I understand that making a false statement on this application, or the withholding of information pertinent to my candidacy, may constitute grounds for dismissal.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

The Port Jervis City School District, in compliance with the New York State Law, does not discriminate on the basis of age, color, national origin, sex, religion, marital status, or disability.