

NOTE: Submission of resumé does not relieve you of the responsibility for completing all sections of the official application.

EDUCATIONAL PREPARATION

Name and Location of School	Major/Minor	Did you Graduate?
High School		
Name and Location of School	Major/Minor	Degree
College (Undergraduate)		
Name and Location of School		
College (Graduate)		
Vocational/Technical/Trade		

STUDENT TEACHING / INTERNSHIP

Name and Location of School	Area of Specialization	Cooperating Teacher/Administrator

TENURE STATUS

Did you ever receive tenure in a public school in New York State? Yes No **If YES, complete the following:**

Tenure area _____ Effective date _____

Name and address of school district where tenure was granted: _____

SPECIAL INTEREST AREA

Check activities which you are willing to direct or coach.

- | | | | | |
|--|---------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Bowling | <input type="checkbox"/> Dramatics/Musicals | <input type="checkbox"/> Student Clubs | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Student Government | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Chorus | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Student Publications | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Computers | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |

Are you a certified coach? Yes No

Have you had training in _____ CPR _____ First Aid _____ AED

Describe any other information or experience in special interest areas that may assist our evaluation of you as a candidate:

PREVIOUS HOLLEY DISTRICT EXPERIENCE

Were you ever employed by Holley? Yes No

EMPLOYMENT HISTORY

(Begin with most recent)

Dates Employed

Employer	From	To	Salary
Address			
Position/Title			
Immediate supervisor, title & telephone			
Reason for leaving			
Summarize the nature of the work performed and position responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer	From	To	Salary
Address			
Position/Title			
Immediate supervisor, title & telephone			
Reason for leaving			
Summarize the nature of the work performed and position responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer	From	To	Salary
Address			
Position/Title			
Immediate supervisor, title & telephone			
Reason for leaving			
Summarize the nature of the work performed and position responsibilities			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Other references that we may contact:			
Name	Address	Phone	How Known

EVIDENCE OF PROFESSIONAL GROWTH

Please use this space to indicate membership and leadership in professional organizations, educational travel, summer sessions and/or extension courses, articles, books or other publications, participation in school or community activities, staff development, or committees, special honors, professional fraternities, thesis title, etc., which you consider relevant to your ability to perform the job.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification will be sufficient cause for disqualification or dismissal, if employed.

I also understand that the Holley Central School District will be making an extensive inquiry regarding my background and experience. I hereby release from any liability anyone giving information regarding myself (*whether specified in my application or not*) so long as the information given 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 you regarding my application will not be released to me unless required by federal or state statutes or regulation.

Signature: _____

To complete the application process, it is the applicant's responsibility to forward resumé, student college transcripts, example of written communication skills, placement folder, and a copy of certification to:

Office of Superintendent
 Holley Central School District
 3800 N. Main Street
 Holley, New York 14470

Requests for reasonable accommodations for the hiring process under the Americans With Disabilities Act or Section 504 of the Rehabilitation Act of 1973 must be submitted to the Personnel Department.

The District does not discriminate against employees or candidates for employment on the basis of age, race, religion, color, national origin, gender or sexual orientation, marital status, veteran status, disability, genetic predisposition or carrier status.

PLEASE RESPOND TO THE FOLLOWING QUESTION

Does a relative or a relative member of the applicant's household exist between you and any Holley Central School District Official, Administrator, or employee, whether appointed or elected?

Relative: Includes individuals who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Relative member of the applicant's household: Includes individuals who are cohabiting with the employee as well as any individual of the cohabitant who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Yes: _____ No: _____

If yes (please identify) the Holley Central School District Administrator, Supervisor or employee

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

I affirm that this is an addendum to my employment application and is true under penalties of perjury.

Print Name of Applicant

Signature of Applicant

Date