MIDDLE COUNTRY CENTRAL
SCHOOL DISTRICT
Centereach, New York 11720

APPLICATION FOR PROFESSIONAL APPOINTMENT*

Name ___________________________ ___________________________ ___________________________

Last First Middle

Present Mailing Address

Permanent Mailing Address

Street

Street

City State Zip City State Zip

Telephone

Telephone

POSITION PREFERENCE

Full Time ☐ Part Time ☐ Substitute ☐
Elementary ☐ Middle ☐ High School ☐
K ☐ 1-5 ☐ 6-8 ☐ 9-12 ☐

Other (Specify) ___________________________

(E.g.: Administrative-Guidance-Psychologist)

CERTIFICATION (If pending so indicate)

<table>
<thead>
<tr>
<th>State</th>
<th>Date Expires</th>
<th>Subject Validity</th>
<th>Certificate Number</th>
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</thead>
</table>

*Applicants may request any needed accommodation to participate in the application process
EDUCATIONAL AND PROFESSIONAL TRAINING

<table>
<thead>
<tr>
<th>High School</th>
<th>Name and Location</th>
<th>Courses and Major Subject</th>
<th>Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td></td>
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<tr>
<td>Graduate School</td>
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<tr>
<td>Other</td>
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</table>

GRADUATE: Check scholastic average of all college work: A□ A- □ B+ □ B □ C+ □ C □ C- □
UNDERGRADUATE: Check scholastic average of all college work: A□ A- □ B+ □ B □ C+ □ C □ C- □

TEACHING EXPERIENCE
(List all experience starting with the most recent)

<table>
<thead>
<tr>
<th>Employer and Location</th>
<th>Nature of Work</th>
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STUDENT TEACHING
(If fewer than 3 years of regular full-time employment, include student teaching experience)

<table>
<thead>
<tr>
<th>School Year</th>
<th>Name and Location of School</th>
<th>Subject</th>
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RELATED PROFESSIONAL EXPERIENCE
(Educational lectures, addresses, publications, organization memberships, committee chairmanships or memberships, participation in education experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc. which are relevant to your ability to perform in the position for which you are applying.)

PRIOR TENURE RECORD
(All applicants must complete and sign the following statement in order to assure compliance with provisions of Sections 3012, Subdivision 1, of the Educational Laws of the State of New York.)

Have you ever received TENURE in any School District or Board of Cooperative Education Services (BOCES) anywhere in the New York State? Yes □ No □
If “yes”, please indicate

(Name of School District or BOCES) (Area Tenure Received)

Signature ___________________________ Today’s Date ___________________________
### OTHER WORK EXPERIENCE

(Business, trades, summer occupations which are relevant to your ability to perform in the position for which you are applying.)

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### ADDITIONAL QUALIFICATIONS

Please list extra-curricular activities that you could direct (Sports, teams, clubs, etc.)

1.  
2.  
3.  
4.  
5.  
6.  

### PROFESSIONAL REFERENCES

<table>
<thead>
<tr>
<th>Name of Supervisor or Principal</th>
<th>Address &amp; Phone</th>
<th>School System</th>
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### UNITED STATES ARMED SERVICE RECORD

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Branch</th>
<th>Highest Rank</th>
<th>Total Months</th>
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Did you receive a Dishonorable Discharge? Yes [ ] No [ ]

*Dishonorable Discharge is not an automatic bar to employment. Other factors will affect the final decision.
Please indicate any relevant skills or experience you may have acquired in the Service.*

### APPLICANT’S STATEMENT

Please provide any additional information which you think might be of value in our considering you for a position.

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I certify that the facts and responses set forth in this application, or otherwise made by me, are true and complete to the best of my knowledge and belief. I authorize the investigation of all statements contained in this application, or otherwise made by me, as may be necessary in arriving at an employment decision. I understand that any false statements by me constitute sufficient cause for the rejection of this application or, if employed, grounds for dismissal. Filing an application does not guarantee employment. Placement on a substitute list does not guarantee full time employment.

Date

Signature of Applicant

Your application will remain on file for one year.

Please Mail completed application to:

Personnel Department
District Office
8 43rd Street
Centereach, New York 11720

Or Fax completed application to:
1(631)738-2440

This Middle Country Central School District, Centereach, New York 11720, does not discriminate on the basis of race, color, national origin, age, physical and/or mental disability or sex in its educational programs or employment.

*Proof of lawful employment eligibility will be required upon employment in accordance with the Immigration Reform and Control Act of 1986.

**A conviction or an arrest is not an automatic bar to employment. Other factors will be considered.