

ARKPORT CENTRAL SCHOOL

APPLICATION FOR THE POSITION OF TEACHER OF

(Grade or Subject)

INSTRUCTIONS FOR APPLYING: A letter of application, a completed application form, a copy of your teaching certificate, an official transcript, a copy of your University Placement Folder and all supporting materials should be mailed to:

Mr. William S. Locke
Superintendent of Schools
Arkport Central School District
P.O. Box 70
35 East Avenue
Arkport, New York 14807

All of your materials must be received in the Superintendent's office by the deadline listed for this position.

Directions:

1. Please fill out this entire application in detail.
2. Please request your College Placement Office to forward your credentials to the above address as soon as possible.
3. Be sure to send a copy of your teaching certificate, Content Specialty Test score, ATSW score and LAST score along with this application.
4. On the final section of this application, you are invited to tell of any special achievement that you look upon with pride. You may attach selected supportive material with your application if you wish.

I. PERSONAL INFORMATION

Last Name	First	Middle
Present Position	Business Phone	Home Phone

Present Address

Present Town/Village _____ Zip _____

Permanent Address

Permanent Town/Village _____ Zip _____

Social Security Number

Retirement System Number

Number of Students in Your Present District

Grade Levels and Number of Students in Your Building

Present Salary

Certificates Held
(Attach a Copy of Your Teaching Certificates)

II. PROFESSIONAL PREPARATION

Name and Location	Dates Attended	Major	Degree	Year Graduated
High School _____	_____ to _____	_____	_____	_____
Undergraduate School(s) _____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
Graduate School(s) _____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____

III. A. PROFESSIONAL AND OTHER WORK EXPERIENCE

Please include student teaching if done within the last four years.

School or Employer and Location	Dates Employed	Subjects Taught Position Held	Reason for Leaving
_____	_____ to _____	_____	_____

_____ to _____
_____ to _____
_____ to _____
_____ to _____

B. ACTIVITIES YOU CAN DIRECT: (Coaching, Music, Drama, Youth Activities, etc.)

C. HOBBIES OR OTHER INTERESTS:

IV. MEMBERSHIPS IN PROFESSIONAL AND/OR SCHOLASTIC ORGANIZATIONS

Organization	Honors
_____	_____
_____	_____
_____	_____

V. MEMBERSHIPS IN COMMUNITY ORGANIZATIONS

Organization	Honors
_____	_____
_____	_____
_____	_____

VI. REFERENCES

Please list the names of five (5) or more individuals who know of your professional work and qualifications. Be sure to include at least one person who has been your supervisor while you were employed in a school or while you were student teaching.

<u>Name</u>	<u>Position</u>	<u>Present Address</u>	<u>Phone</u>
1.			
2.			
3.			
4.			
5.			

VII. PLACEMENT FILE

I have requested that my placement file be forwarded from:

Institution

Signature _____ Date _____

The Arkport Central School District is an equal opportunity employer.

<u>FOR INTERVIEWS ONLY:</u>	<u>FOR OFFICE USE ONLY:</u>
1.	Application Received Date _____
2.	Credentials & References _____
3.	References _____

4. Briefly describe your approach to evaluating whether or not the teaching strategies that you use are effective in the classroom.

5. What areas of your present position do you find most difficult to handle?

6. Explain your career goals.