

**WELLS CENTRAL SCHOOL DISTRICT**  
**P.O. Box 300**  
**ROUTE 30**  
**WELLS, NEW YORK 12190**

**APPLICATION FOR EMPLOYMENT**

\_\_\_\_\_  
LAST NAME FIRST

\_\_\_\_\_  
PRESENT ADDRESS STREET NO. CITY STATE ZIP CODE (AREA) PHONE NO.

\_\_\_\_\_  
PERMANENT ADDRESS STREET NO. CITY STATE ZIP CODE (AREA) PHONE NO.

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH (OPTIONAL) \_\_\_\_\_

**POSITIONS FOR WHICH YOU ARE APPLYING**

Please check or list desired area(s)

POSITION	SUBJECT/SERVICE	LEVEL
<input type="checkbox"/> ELEMENTARY	_____	K-6
<input type="checkbox"/> MIDDLE	_____	7-8
<input type="checkbox"/> HIGH	_____	9-12
<input type="checkbox"/> SPECIAL AREAS (Psychologist, Music, Art, etc.)	_____	K-12

TITLE OF CERTIFICATION HELD (Grade, Type and/or Subject) PLEASE INCLUDE COPIES	STATE	CERTIFICATE NUMBER	EFFECTIVE DATES From / To

DATE OF FILING APPLICATION \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

**EDUCATION PREPARATION**

SCHOOL	NAME	CITY/STATE	CONCENTRATION OR NATURE OF COURSE COMPLETED MAJOR AND MINOR	DEGREE DIPLOMA
HIGH SCHOOL				
COLLEGE				
POST GRAD.				
POST GRAD.				

**TEACHING EXPERIENCE**

	FROM TO Mo./Yr. Mo./Yr.	SCHOOL	LOCATION Town/City	STATE	GRADE/SUBJECTS
<b>FULL-TIME TEACHING</b>					
<b>PART-TIME TEACHING</b>					
<b>SUBSTITUTE TEACHING</b>					
<b>STUDENT TEACHING</b>					

Have you ever received tenure in another school district?      YES    NO    (circle one)

If yes, please indicate the name, address, and phone number of the district.

\_\_\_\_\_ Date recommended for tenure \_\_\_\_\_

Effective date of tenure \_\_\_\_\_



**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

The Wells Central School District does not discriminate on the basis of sex in the educational programs, which it operates and does not discriminate in employment as directed by Title IX of the Educational Amendments of 1972.

In accordance with State Law, Governor’s Executive Order 40 and Section 504 of the Federal Rehabilitation Act of 1973, the WCS District does not discriminate against handicapped persons in access to employment, during employment, or in any of its programs and activities.

**Please respond to each question.**

- A. Have you ever resigned from a position rather than face disciplinary action? YES\_\_ NO\_\_
- B. Has any disciplinary action been brought against you, which resulted in you being discharged from employment? YES\_\_ NO\_\_
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than “Honorable” or which was issued under other than honorable circumstances? YES\_\_ NO\_\_
- D. Have you ever been convicted for any crime (felony or misdemeanor)? YES\_\_ NO\_\_
- E. Are you now under any charges for any crime (felony or misdemeanor)? YES\_\_ NO\_\_
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any question? YES\_\_ NO\_\_
- G. Have you ever had a teaching credential revoked, suspended or annulled? YES\_\_ NO\_\_
- H. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020? YES\_\_ NO\_\_

If you answered YES to any of the questions above, provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics, however, or if such an explanation is insufficient, a confidential investigation may be initiated. We may also request official copies of court records including disposition. None of the above circumstances represents an automatic bar to teaching certification. Article 23A of the NYS Correction Law prohibits discrimination for previous criminal conviction except under specific circumstances.

The material, information, and/or other data obtained, collected or sought during the search process is the property of the Wells Central School District and may be shared with persons engaged in the search proceedings. This information may be the subject of inquiry by the consultant as he/she conducts a study of the background, experience, and educational activities of the candidates. Accordingly, I agree to release from liability those persons giving information about me so long as the information is related to the responsibilities, duties and/or functions of the position for which I have applied. I understand that none of the information, noted above, will be available to me except as may be required under state or federal laws or regulations. I also understand that willful misrepresentation of any actual fact contained in this application is cause for disqualification of my candidacy for the position or if hired or retained, dismissal from the position and loss of tenure rights.

**AFFIDAVIT**

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements, are true, complete and accurate.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s Signature

The Wells Central School District does not discriminate on the basis of race, color, creed, sex, age, marital status, disabilities, national origin, or past arrests or convictions.

Please return application to:  
Superintendent  
Wells Central School District  
P.O. Box 300  
Wells, New York 12190