

<b>FOR OFFICE USE ONLY:</b>	Date: _____	New York State Law Prohibits
Letter of Application	Sent for _____ Received _____	Discrimination Because of Race,
References	_____	Color, Creed, Nationality, Sex, Age
No Opening Letter _____	_____	Disability or Marital Status
Position Filled Letter _____	_____	

**TEACHING ASSISTANT APPLICATION FOR POSITION IN  
RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL  
P.O. Box 100, Ravenna, New York 12143  
(518)756-5200  
Fax: (518)756-4561**

Date \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Permanent Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(if different from above)

Present Position \_\_\_\_\_

Do you have a legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why? \_\_\_\_\_

Are you registered with Civil Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been fingerprinted through the State Education Dept. before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the duties of a teaching assistant, with or without reasonable accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no explain: \_\_\_\_\_

**POSITION DESIRED** (Please number specific areas according to preference; 1-1<sup>st</sup> choice, 2-2<sup>nd</sup> choice.)

Elementary	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Secondary	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Subject	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
A.W. Becker			Middle School			Elementary		
P.B. Coeymans			High School			Secondary		

**CERTIFICATION** Are you certified as a teaching assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

List below all teaching assistant certificates which you now hold, including any out of state.

STATE	TITLE	TEMP.	CONTIN.	NUMBER	DATE ISSUED

List types of any certificates for which you are working, and the date you expect to receive them.

**IN UP STATE NEW YORK'S CAPITAL DISTRICT  
EDUCATIONAL AND/OR PROFESSIONAL TRAINING**

Name School or Institution, City & State	Major	Degree or Diploma	Date	Time Spent	Number of Credits
College(s)					
Graduate Work					

## RECORD OF WORK EXPERIENCE

Please list in strict chronological order all work experience including present position acquired since graduation from high school including military service.

Dates		Name & Address of Employer	Position	Salary	Reason for Leaving
From	To				

Enumerate other experiences which may be related to teaching assistant or from which you feel you gained something of value \_\_\_\_\_

What activities, clubs or athletics did you participate in while in high school and college? \_\_\_\_\_

Current Interests: \_\_\_\_\_

List any awards or honors you received while in high school, college or on the job. \_\_\_\_\_

List any professional organizations of which you are a member: \_\_\_\_\_

**REFERENCES: Give at least two references, including those who have firsthand knowledge of your character, personality, scholarship and ability. Please forward two letters of recommendation to:**

**Assistant Superintendent for Instruction  
P.O. Box 100  
Ravena, NY 12143  
References MUST be received in order for application to be processed.**

When could you start work? \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**