

FOR OFFICE USE ONLY: Date: _____
 Sent for _____ Received _____
 Letter of Application _____
 References _____
 No Opening Letter _____
 Position Filled Letter _____

New York State Law Prohibits
 Discrimination Because of Race,
 Color, Creed, Nationality, Sex, Age
 Disability or Marital Status

**APPLICATION FOR POSITION IN
 RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL
 15 Mountain Road, P.O. Box 100, Ravena, NY 12143
 (518) 756-5200
 Fax: (518) 756-4561**

Date _____ Name _____

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 with or without reasonable accommodations?

Yes _____ No _____ If no explain: _____

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

Elementary	1 st Choice	2 nd Choice	Secondary	1 st Choice	2 nd Choice
A.W. Becker			Middle School		
P.B. Coeymans			High School		

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					
High School					

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				

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:
Sue Starr
15 Mountain Road, 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