



**Elba Central School**  
**P.O. Box 370**  
**57 South Main Street**  
**Elba, New York 14058-0370**  
Phone (585) 757-9967  
Fax (585) 757-2713

**Gretchen Rosales, Superintendent**

***APPLICATION FOR TEACHING POSITION***

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1. Please complete application, sign and return to the address indicated above. College credentials or placement materials should also be forwarded.
2. Complete all appropriate blanks.
3. You may add or attach any additional information which will assist in the evaluation of your application.

***BACKGROUND INFORMATION***

Date: \_\_\_\_\_

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Name:                      (Last)    (First)    (Middle)

Permanent Address

Present Address (if different)

\_\_\_\_\_

\_\_\_\_\_

Zip Code

Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code      Permanent Phone

(\_\_\_\_\_) \_\_\_\_\_  
Area Code      Cell Phone

Position Desired

Present Position

U. S. Citizen              Yes              No

Have you ever been convicted of a crime?              Yes              No

Are you a member of the NYS Teacher Retirement System?              Yes              No

If yes, retirement number \_\_\_\_\_

***CERTIFICATION***

List all teaching and administrative certificates.

Title of Certification	Date Issued	Expiration Date or Permanent	Valid in State of
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***EDUCATION***

High School Undergraduate:	Institution	Location	Major	Diploma	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Graduate:

_____
_____
_____

Total Graduate hours to date \_\_\_\_\_

***EMPLOYMENT HISTORY***

List all employment experience in date order with most recent first, including school, non-school and military experience. Include student teaching unless you have five or more years of teaching experience.

Dates From-To	Institution or Activity	Location	Title/Position or kind of work	Immediate Supervisor Name/Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***REFERENCES***

List three professional references:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

***OTHER INFORMATION***

Hobbies and Interests:

Recent Travel:

Extracurricular activities, which you can direct (coaching, clubs and the like):

In your own handwriting, please explain why you would like to teach in the Elba Central School District:

Are your fingerprints on file with the NYS Education Department?      Yes      No

Social Security Number      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Elba Board of Education advises all students, parents, employees and the general public that opportunities offered in the through the Elba Central School District are offered without regard to age, sex, race, color, national origin or handicap.*

*All inquiries relative to compliance for Federal Title IX and Section 504 activities should be directed to James Clark Principal, Elba Central School, P. O. Box 370, 57 South Main Street, Elba, New York 14058-0370. Telephone (585) 757-9967.*

(revised 1/2022)