

# DUNKIRK CITY SCHOOL DISTRICT

620 Maurauder Drive  
Dunkirk, N.Y. 14048  
Telephone (716) 366-9300



## APPLICATION OF

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Name of Candidate

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Date

### Check Position Desired

K-5 \_\_\_\_\_  
Middle School \_\_\_\_\_  
High School \_\_\_\_\_  
Special Education \_\_\_\_\_  
Special Subject Area \_\_\_\_\_

### Check NYS Certification Areas

Permanent \_\_\_\_\_  
Provisional \_\_\_\_\_  
C/Q \_\_\_\_\_  
Out-of-State \_\_\_\_\_  
None \_\_\_\_\_

All applications should be returned to the office of the Superintendent of Schools at the above address.

Degrees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ NYS Teachers' Retirement No. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

**RECORD OF COLLEGE ATTENDANCE**

Institution	Dates in Attendance	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

College Major \_\_\_\_\_ College Minor \_\_\_\_\_

University Where Credentials are on File \_\_\_\_\_

National Teacher Examination: Date Taken \_\_\_\_\_

NYS Certificate Held: No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certification Subject Area \_\_\_\_\_

Other Certification \_\_\_\_\_

**RECORD OF TEACHING EXPERIENCE**

List most recent experience first.  
Use the last two lines to record student teaching.

Institution	Location	Dates	Grades	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cooperating Teacher \_\_\_\_\_

**\* MILITARY SERVICE**

Date Inducted \_\_\_\_\_ Date Discharged \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Service Status \_\_\_\_\_

**PROFESSIONAL AND CIVIC ORGANIZATIONS**

Leadership Positions Held: \_\_\_\_\_

**ACTIVITIES**

Special Skills/Other Experience; e.g., Piano - 7 yrs.) \_\_\_\_\_

**REFERENCES**

Give names and addresses of at least three persons who have been your teachers or who have supervised your work as a teacher.

Name	Position	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WORK EXPERIENCE OTHER THAN EDUCATIONAL**

Full- or Part-Time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANDIDATE'S COMMENTS - Optional

(Additional material or background information that would enhance your application)

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Signature

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Date