

Montauk Union Free School District
Montauk, New York 11954

Application for
Instructional and Administrative Positions

Date _____

Name _____

Address _____ City _____
No. and Street /

State and Zip _____ Phone Number _____

Mailing Address _____ City _____
(if different form above address)

State and Zip _____ email _____

Applicant for position as Teacher/Administrator
of _____

Availability Date _____

Grades and Subjects Preferred (in order of preference)

United States Citizenship

1. _____

Yes ____ No ____

2. _____

Immigrant Status _____

3. _____

Position for which application is made:

I wish to be considered for:

Full-time teaching _____

Part-time teaching _____

Substitute Teaching _____

Administration _____

Tutoring _____

Educational Aide _____

Pupil Personnel _____

Nurse _____

Date Available

Please check field or area for which you are applying:

Kindergarten: _____

Primary (1-3): _____

Intermediate (4-6): _____

Junior High (7-8): _____

Other: (specify) _____

Personal Data

Type of NYS Teacher's/Administrator's Certificate _____
 in the
 field of _____ No. _____

Certificate of Qualification _____
 in the
 field of _____ Expiration Date _____

Date Issued _____ Expiration Date _____

Type of Out-of-State Certificate held _____
 in the State of _____

Military Services _____ or Draft Status _____

Salary Expected _____ Justification _____

	School or Institution Name	Course	Diploma or Degree	Year of Grad.	Dates of Attend.	Total Time Spent (Yr.)
High School	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____
University	_____	_____	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____	_____	_____
Special or Occupational	_____	_____	_____	_____	_____	_____

Professional Work Experience: Please include student teaching if done within the last two years.

	School and Location	Dates	Position held
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other Work Experience:

Employer and Location	Dates	Position Held
1. _____		
2. _____		
3. _____		

Please list three professional references under whom you have taught or who have firsthand knowledge of your character, personality, and teaching/administrative ability. Give complete information including ZIP CODE.

Name	Position	Present Address and Phone No.
1. _____		
2. _____		
3. _____		

Three letters of recommendation must be filed with this application in order for it (the application) to be complete and establish eligibility for candidacy for the applied position.

Please list any activities or teams in which you have participated and would be willing to supervise in our district.

Professional Activities, Organizations, Offices and Honors

List works published or exhibited _____

Special Talents, Abilities, Interests, or Hobbies _____

List extracurricular activities (clubs, sports, publications, etc.) you are willing to sponsor or coach

Briefly state your philosophy of education, reasons for entering teaching, goals and any other pertinent information which you feel might help you with your candidacy.

Other Information:

Have you at any time, in school or outside of school, willfully and deliberately advocated advised or taught the doctrine that the Government of the United States or any state or of any political subdivision thereof should be overturned or overthrown by force, violence or by any unlawful means?

(Circle one) yes ____ no ____

Do you have any impairment, physical, mental, or medical, which interfere with your ability to perform the job for which you have applied for? If yes, give details. _____

Have you ever been convicted of a crime? If yes, give details. _____

Time lost through illness in the past two years. _____

I hereby certify that the listed information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Montauk Board of Education.

References and personal information which become a part of this application are to be regarded as confidential and shall not be revealed to me.

Date of Application

Signature of Applicant

Applicants for positions in the Montauk Union Free School District must complete this application in its entirety. Only completed applications will be processed when vacancies occur. In addition to having this completed application on file, the following are also required to be filed before eligibility for candidacy can be established for the applied position:

1. Three (3) letters of recommendation;
2. Notify your placement bureau to send your credentials, (placement folder, transcripts, and teaching certificate) to this office;
3. A valid New York State Teacher's Certificate is needed, in your area of specialization, to qualify for consideration in a teaching position at Montauk Union Free School District;
4. Results of the NTE.

The Montauk Board of Education is an equal opportunity employer.

The Montauk Union Free School District reaffirms its policy to provide equal opportunity to all persons applying for employment without regard to race, color, religion, sex, national origin, age, handicap or political affiliation.

A photograph may be required after employment for identification purposes.

We appreciate the time you have given in making application to the Montauk Union Free School District and thank you for completing this application and for your interest in the position.

Please return this application to:

J. Philip Perna
Superintendent
Montauk Union Free School District
50 South Dorset Road
Montauk, New York 11954

For office use only

Date _____

Application received	_____	Credentials and Recommendations Rec'vd.	_____
Credentials Requested	_____	Placement Folder Rec'vd.	_____
Official Transcript(s) Rec'vd.	_____	Teaching Certificate(s) Rec'vd.	_____
Interview Scheduled	_____	NTE Scores	_____

Action taken: _____