

In compliance with Title IX of the Educational Amendments of 1972 (U.S. Congress), it is the policy of the Caledonia-Mumford Central School District not to discriminate on the basis of sex, religion, national origin, age, physical ability, or marital status in admissions, employment and treatment of students and employees in any education program or activity.

Date _____

**Board of Education
Caledonia-Mumford Central School
Caledonia, New York 14423**

**APPLICATION
OF**

NAME _____

ADDRESS _____

PHONE NUMBER _____

FOR THE POSITION OF _____

INTEREST: Check all that apply

Full Time _____ Part Time _____ Long-Term Substitute _____

Tutor _____ On-Call Substitute _____

PLEASE COMPLETE THE ENTIRE APPLICATION.

IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.

RETURN COMPLETED APPLICATION AND COPY OF CERTIFICATION (if available) TO:

Robert Molisani
Superintendent
Caledonia-Mumford Central School District
99 North Street
Caledonia, New York 14423

Office Use Only

Fingerprints/TEACH Account registered with SED _____
Administrative Approval _____

PERSONAL DATA:

1. **Name:** _____
(Last) (First) (Middle)

2. **Permanent Address:** _____
(Street and Number) (City and State) (Zip Code)

3. **Local Address:** _____
(Street and Number) (City and State) (Zip Code)

4. **Phone Number:** _____
(Area Code) (Number)

5. **Retirement #:** _____ 6. **Social Security #:** _____

7. **TEACH Account ID#:** _____

8. **Present Employer:** _____
Address: _____
Phone: _____
Position: _____ Salary: _____

9. **Earliest date available for employment:** _____

10. **Have you ever been convicted of a felony or misdemeanor?** ____ Yes ____ No

If "Yes", state the date, location, and nature of the act: _____

11. **CERTIFICATION:**

| State | Date Issued | Title | Initial, Professional or Permanent |
|-------|-------------|-------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. **EDUCATIONAL PREPARATION:** (List in Chronological Order)

| College | Address | Dates Attended | Degree & Date Conferred | Major | Minor |
|---------|---------|----------------|-------------------------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

11. **STUDENT TEACHING EXPERIENCE:**

| School | Address | Dates | Supervising Teacher | Grade/Subject |
|--------|---------|-------|---------------------|---------------|
| | | | | |
| | | | | |

12. **TEACHING EXPERIENCE:**

| School | Address | Dates | Supervising Teacher | Grade/Subject |
|--------|---------|-------|---------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

14. **OTHER RELATED EXPERIENCE:**

| Firm or Organization | Address | Dates | Position |
|----------------------|---------|-------|----------|
| | | | |
| | | | |

15. **REFERENCES:** Include the names of administrators or supervisors from your current and immediate previous employer.

| Name | Official Position | Complete Mailing Address | Phone |
|------|-------------------|--------------------------|-------|
| | | | |
| | | | |
| | | | |

IMPORTANT: I understand that the Caledonia-Mumford Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the District and will not be released to me unless required by Federal or State statutes or regulation.

Candidate's Signature

Date

16. **MILITARY SERVICE:**

| (Branch) | (Date Entered) | (Date Released) | (Type of Discharge) |
|----------|----------------|-----------------|---------------------|
|----------|----------------|-----------------|---------------------|

17. **PLEASE DESCRIBE ON A SEPARATE SHEET OF PAPER:**

- A. Why you are interested in teaching at Caledonia-Mumford Central School?
- B. What particular strengths would you bring to Caledonia-Mumford Central School?
- C. What additional personal information you would want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.?

18. **ATTESTATION:**

I hereby affirm that the information provided within this application and attached thereto is true and correct to the best of my knowledge.

Signature

Date

PLACEMENT FILES AND CREDENTIALS WILL BE REQUESTED

IF YOU ARE SELECTED FOR AN INTERVIEW

Fingerprinting

Persons wishing to be employed within a school district must be fingerprinted, consistent with Education Law §§ 305(30) & 305(33).

Caledonia-Mumford School District uses the NY State Education Department TEACH system for instantaneous access to information regarding Certification, Fingerprinting and Clearance for Employment.

Registering with the TEACH On-line System

The TEACH system website is www.nysed.gov/

Under 'Quick Links' on the left, click on Teacher Certification

Under TEACH Online Services on the right, click on Self Register to Access TEACH

Click Step 1. Self Register, continue the process

Fingerprinting

Caledonia-Mumford School District utilizes the MorphoTrust system for digital fingerprinting.

- Step 1 An appointment for fingerprinting needs to be made. You can do this electronically by accessing the website at www.identogo.com or by calling (877)-472-6915.
The ORI Number is TEACH.
You should select your location for fingerprinting before you schedule your appointment:
These are available on the above mentioned website, or refer to the back of this form.
- Step 2 The total fee for fingerprinting is **\$99.70**. You may pay electronically when making your appointment online or you can submit a check/money order at the time of your appointment.
You MUST provide two forms of identification at your appointment. At least one form of identification must contain a photo.
- Step 3 Please contact Mrs. Christine Thompson, Caledonia-Mumford School District (585) 538-3400 once your fingerprinting is completed or if you have any questions.