## HADLEY-LUZERNE CENTRAL SCHOOL DISTRICT

27 Hyland Drive, PO Box 200 Lake Luzerne, NY 12846-0200 HLCS.ORG

## PROFESSIONAL APPLICATION

DATE:		Hadley-Luzerne is a Tobacc	co Free Scho	ol District	
Social Security No		•			
Teachers' Retirement N	No				
Name:	Einet Name				
Last Name	First Name	First Name Middle Initial			
Present Address:	Street/PO Box	City	State	<u>-</u> Zip	
Permanent Address: _	Street/POBox	City	State		
Telephone No:	_	Cell Phone No:			
Email Address:					
Position desired:	Teaching:Levels				
EDUCATIONAL WORK E List most recent exper	EXPERIENCE rience first. Include any substitute to	eaching, and indicate as such.			
Dates: From/To	Name/Location of School	Position Description, i.e., grade,	Total Y	ears	

#### Student Teaching/Internship:

Years	Name/Location of School	Subject/Grade Level

#### **EDUCATIONAL PREPARATION**

Name/Location of School	Dates: Mo/Yr From/To	Nature of Studies Major Minor	Diploma/Degree	Date Granted
High School				
College				
Have you taken work which resulted in the conferring of an advance degree?  Ifso, summarize.	Dates: Mo/Yr From/to	Major Specialization	No. of Credits	Degree/Date Granted
Summarize graduate work beyond the highest degree earned or graduate work not leading to a degree.	Dates: Mo/Yr From/to	Indicate major concentrations, If possible.	No of Credits	Additional information

Scholastic and Other Honors:	
Undergraduate Grade Point Average:	Graduate Grade Point Average:

#### REFERENCES

Give the names of four persons who have closely observed your work as a professional or as a student. You are advised to include letters of reference. Recommendations by present and former superintendents, principals, and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers will please include practice teaching supervisor's recommendation.

	1	2	3	4
Name				
Official Position				
Present Address w/Zip Code				
Phone No. w/Area Code				

You are encouraged to forward your official college transcripts to be included in your application.

## OTHER WORK EXPERIENCE

To include: business, trades, summer occupations

Dates	Company/Institution	Nature of Work	Full Time Employment	Summer Vacation Period, Etc.
EL VLED DBUI	FESSIONAL EXPERIENCI	7		
	ectures, addresses, publications		in committee chairm	anchine or
•	cipation in educational experim	. •	• •	
• • •	scouting, recreation, etc.	, p.	-В, столог рос.	, , , , , , , , , , , , , , , , , , , ,
RIOR TENURE	ERECORD			
Landicants must	complete and sign this statem	agent in order to assure son	nnlianco with provis	ions of Soction
	1 of the Education Laws of the		iipiiance with provis	ions of Section
	eived TENURE in any School Di		ive Educational Serv	ices (BOCES) anywhere
ew York State?	Yes No			
yes, please indica	te the following:			
ame of District or BOCE			(	Date Tenure Conferred)
ur Signature		Date		

# CERTIFICATION (If pending, so indicate)

A copy of your certification must accompany this application.

State	Date Issued	Date Expires	Subject Validity	Certificate Number

## CANDIDATE'S STATEMENT

rite a statement that highligosition. Be as specific as p			ny, experiences and expertise that supports your candidacy for the dwriting. DO NOT TYPE).
nature of Candidate			Date
nditions, or sex in its educa	ational programs o	r employment.	on the basis of race, color, national origins, age, handicapping  No person shall be denied employment solely because of any ctivities involved in the position or program for which application h
FOR OFFICE USE:	Data	Initial	FOLLOW UP RECORD
Reviewed by:	Date	Initial	Comments