

# FALLSBURG CENTRAL SCHOOL DISTRICT

Ivan Katz, Ed. D., Superintendent of Schools

PO Box 124, 115 Brickman Road

Fallsburg, NY 12733

Voice: 845-434-6800 Fax: 845-434-8346

Web: [www.fallsburgcsd.net](http://www.fallsburgcsd.net)

## APPLICATION FOR CERTIFICATED POSITION

Position:			Grade Level:		
Name:					
	(Last)	(First)	(M.I.)		
Mailing Address:					
City:			State:		
			Zip:		
Street Address:					
City:			State:		
			Zip:		
Phone: Area Code:			Number:		
Cell Phone No.: Area Code:			Number:		
Email Address:					

In order for you to receive further consideration, each application must be accompanied by a copy of the candidate's certification for the position for which he/she is applying. Such certification must be currently valid. Applicants who have just completed a course of study which satisfies New York State certification requirements but have not yet received the certificate may submit the Letter of Endorsement from the institution at which the requirements for the New York State Certification were completed.

Please request that your placement office forward a complete set of your credentials to the Superintendent of Schools.

### PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY AND RETURN IT TO:

Superintendent of Schools  
Fallsburg Central School District  
PO Box 124  
Fallsburg, New York 12733

### OFFICE USE ONLY

Effective Date		Withholding Forms (Fed. & State)	Check if Received	NOTES
Step				
Masters		Retirement Form (Decline or Register)		Previous tenure? Yes No If Yes, where?
Credits				
Years of Public School Experience		Fingerprinted? Yes No (Form 101 or 102)	Date:	APPR Composite Score Received? Yes No
		I 9 w/ID's Everified?		
Total		Emergency Form		

revised 4/2021

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Voice: 845-434-6800  
Fax: 845-434-0168

Benjamin Cosor Elementary School  
PO Box 123  
115 Old Falls Road  
Fallsburg, NY 12733  
Voice: 845-434-4110  
Fax: 845-434-0871

Guidance Office  
PO Box 124  
115 Brickman Road  
Fallsburg, NY 12733  
Voice: 845-434-6124  
Fax: 845-434-2523

Pupil Personnel Services  
PO Box 124  
115 Brickman Road  
Fallsburg, NY 12733  
Voice: 845-434-0467  
Fax: 845-434-8346

**UNDERGRADUATE EDUCATION:** *list in chronological order*

HS/College/University	Location	Major	Degree/Dipl.

**GRADUATE EDUCATION:** *list in chronological order, all graduate level course work taken after receipt of the Baccalaureate Degree. Add an extra page if you need it.*

College/University	Location	Major	Credits	Degree

MANDATED CLASSES/COURSES <i>(provide copy of certificate, if available)</i>	DATE TAKEN	PLACE TAKEN
Bloodborne Pathogens - 3 hours		
Mandated Reporter ( <i>Child Abuse</i> )		
SAVE ( <i>School Violence</i> ) Training - 2 hours		

**TEACHING CERTIFICATION:** *List each currently valid teaching certificate you now possess. "Type" refers to provisional, permanent, initial, professional, transitional.*

Subject Area/Grade Level	Type	NY?	Other State	Effective Date	Expir. Date	Certificate Number	Copy Enclosed?

**TENURE RECORD:** *List below information regarding tenured appointments which you have held in other school districts. If none, please indicate. In order to be eligible for a reduced probationary period, teachers must meet the criteria as outlined in NYS Education Law. If you would like us to consider your eligibility for reduction in your probationary period, please provide us with an **official District copy** of your APPR composite score, under 3012-c or 3012-d in the last year with your current or previous school district.*

School District Name & Address	Principal or Superintendent	Tenure Area	Effective Date of Tenure Appt.

Have you ever been denied tenure? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate reason for denial. \_\_\_\_\_

**COURSES (AND/OR GRADES) TAUGHT:** Use \* to indicate Student Teaching

Course	Grade(s)	# Years

**TEACHING AND/OR ADMINISTRATIVE EXPERIENCE:** List, in reverse chronological order, all teaching and/or administrative positions you have held. Use \* to show student teaching.

Employer	Location	From	To	Supervisor	Position	Reason Left	Phone

**OTHER EMPLOYMENT:** List, in reverse chronological order, non-teaching employment you have held in the past 5 years.

From	To	Employer	Location	Title	Duties

**REFERENCES:** List the names of at least 3 principals or superintendents in whose districts you have taught who are in a position to evaluate your performance as a teacher or an administrator. New teachers should list their field supervisor as well as their cooperating teacher(s).

Name	Title	School District	Address	Phone

The applicant hereby consents that the District may contact the references listed below, and any and all other individuals and/or former employers it deems relevant to determine my qualifications for the position: \_\_\_\_ Yes \_\_\_\_ No

**EXTRA-CURRICULAR PROGRAMS:** List those activities and/or sports for which you have served as either an activity supervisor or coach.

Activity/Sport	Cert. in this Sport?	School District	From	To	Won	Lost	Athletic Director

List those activities and/or sports which you would be willing to advise or coach. \_\_\_\_\_

<b>GENERAL QUESTIONS: If the answer is "YES" to any of the following questions, please provide additional detailed information by writing below or attaching the same to this document. (Check applicable box)</b>	<b>YES</b>	<b>NO</b>
Have you ever been convicted of a crime? <i>(Please note that convictions are not an automatic bar to employment.)</i>		
Have you ever served in the Armed Forces of the United States or any State Militia? <i>If yes, give details as to dates of service and nature of duties performed.</i>		
Have you ever been known by any other name(s)? <i>If yes, please list all names.</i>		
Have you ever been asked to resign from previous employment?		
Have you ever been dismissed from a position; had disciplinary charges preferred against you; or been denied or had professional licensure, or state certification revoked?		
Have you ever resigned from any employment while disciplinary action/charges were pending against you?		
Are there other aspects of your personal or professional history or prior job performance that are pertinent to your employment?		
The applicant hereby consents that the District may contact the references listed below, and any and all other individuals and/or former employers it deems relevant to determine my qualifications for the position.		
I understand that the Fallsburg Board of Education or its search firm may retain a private investigation firm to conduct a thorough check of my back ground, including an investigation of my criminal, employment, and financial history. I consent to this procedure and I will cooperate by providing the Board or the firm it retains with such personal information as may be required. In connection therewith, I agree to sign a Consumer Report Disclosure (Fair Credit Reporting Act) consent form if requested to do so.		

To comply with Federal laws (including Title IX of Education Amendments of 1972) and Section 504 of the Rehabilitation Act of 1973 and the amendments of 1974, state laws, the State Department of Education regulations concerning equal rights and opportunities and to assure their implementation, the Fallsburg Central School District declares itself to be an equal opportunity education institution and will not discriminate on the basis of race, color, natural origin, creed, religion, marital status, sex, age, sexual orientation, handicap predisposing genetic characteristic or limited English proficiency in its activities, programs or employment practices. Inquiries concerning this policy may be referred to the District's Affirmative Action Officer, C/O Fallsburg School District, PO Box 124, Fallsburg, NY 12733.

#### **AUTHORIZATION/AFFIRMATION STATEMENT**

Under penalty of perjury, I hereby affirm that the information I have given in connection with this application, or in any part of the application process, including interviews, is complete and accurate to the best of my knowledge and I understand that providing any false or misleading statements or omissions in this process, will result in my removal from further consideration for employment, will constitute grounds for withdrawal of any offer of employment or if discovered after employment begins, will constitute grounds for termination and removal from any position held.

It is understood that this application and supporting records become the property of the Fallsburg Central School District, which reserves the right to accept or reject it. I understand that this employment application will be valid for one (1) year from the date it is received. Further, I understand that I am not guaranteed employment by merely completing this application and even if I am hired by the District, this document is not to be considered a contract for employment. I further agree to observe all rules, regulations and policies of the Fallsburg Central School District should I become an employee of said District.

**X**

Signature of applicant

Date signed

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## RELEASE AUTHORIZING CHECK OF APPLICANT'S CREDENTIALS AND REFERENCES

I, \_\_\_\_\_ [applicant's name], have applied for employment with Fallsburg Central School District (hereinafter referred to as "District") to work as \_\_\_\_\_ [job title]. I understand that in order for the District to determine my eligibility, qualifications and suitability for employment, the District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any of my former employers or educational institutions I have attended to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution I have attended. I waive \_\_\_\_/do not waive \_\_\_\_ (initial only one) my right to see any written reference or other information provided by any educational institution I attended.

I agree not to assert any claims or causes of action of any kind against the District, its agents, its employees, or any individual contacted by the District, arising out of the District's investigation. I further release and forever discharge the District, its agents, its employees, and the individuals, employers or educational institutions contacted by the District as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the District's investigation of my credentials and references. I acknowledge that the District has made no representations of any kind as to whether employment will be offered at the conclusion of the investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X

\_\_\_\_\_  
Applicant's Signature

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