

HILLEL COMMUNITY DAY SCHOOL PROFESSIONAL APPLICATION

PLEASE SUBMIT THE FOLLOWING TO BE CONSIDERED FOR EMPLOYMENT:

- Completed Application
- Resume
- Cover Letter
- Credential File or three (3) letters of reference
- Graduate and Undergraduate Transcripts (unofficial copies are acceptable)
- Copy of Teacher Certificate or letter from your college verifying eligibility for certification

PERSONAL INFORMATION

DATE _____

NAME _____
(Last) (First) (Middle) (Other Name*)

ADDRESS _____
(Street) (City) (State) (Zip Code)

E-MAIL ADDRESS _____

(Area Code) (Phone Number) (Area Code) (Alt. Phone Number) (Social Security Number*)

*OPTIONAL: If additional information relative to a change of name, use of an assumed name, or nickname is necessary to enable a check on your record, please indicate social security number and that name.

POSITION REFERENCE

POSITION DESIRED: _____

INTEREST: Check all that apply

Full Time _____ Part Time _____ Long-Term Substitute _____ Tutor _____ On-call Substitute _____

GRADE LEVEL: K-8 _____ K-8 Subject Area _____

Secondary Academic Area _____

Are you a member of the NYS Teachers' Retirement System? Yes _____ No _____
Membership Number _____

Hillel Community Day School is an equal opportunity employer and does not discriminate on the basis of race, ancestry, place of origin, color, ethnic origin, citizenship, religion, creed, sex, sexual orientation, age, marital status, family status, handicap, record of offences, pregnancy or any other reason prohibited by law. Hillel school complies with Title VII of the Civil Rights Act of 1964, the New York State Human Rights Law and Title IX of the Education Amendments of 1972.

EDUCATION

School Attended	Location (City/State)	Type of Degree	Date of Degree	Major/Minor,	GPA
_____ High School _____	_____	_____	_____	_____	_____
_____ Undergraduate _____	_____	_____	_____	_____	_____
_____ Graduate _____	_____	_____	_____	_____	_____
_____ Graduate _____	_____	_____	_____	_____	_____

Total number of graduate hours beyond your last degree _____

STUDENT TEACHING EXPERIENCE

Year	School/Location	Subject or Grade Level	Supervising Teacher/Phone
_____	_____	_____	_____
		Weeks _____	Work (_____) _____ Home (_____) _____
_____	_____	_____	_____
		Weeks _____	Work (_____) _____ Home (_____) _____

CERTIFICATION AREA(S)

**A COPY OF EACH CERTIFICATE LISTED MUST BE ATTACHED
IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED**

New York State Certification - Yes _____ No _____ Pending _____ Another State (list) _____

Area/Subject _____

More than one certificate:

Area/Subject _____

Area/Subject _____

EXPERIENCE

Teaching Experience (Include assignments of a semester or more)

✦ _____
 School/City & State Grade or Subject
 Principal _____ Home Phone(____) _____ Work Phone(____) _____

 From - To Was tenure granted? Yes No Reason for Leaving

✦ _____
 School/City & State Grade or Subject
 Principal _____ Home Phone(____) _____ Work Phone(____) _____

 From - To Was tenure granted? Yes No Reason for Leaving

✦ _____
 School/City & State Grade or Subject
 Principal _____ Home Phone(____) _____ Work Phone(____) _____

 From - To Was tenure granted? Yes No Reason for Leaving

Annual salary for current (or most recent) teaching position: _____

On-Call Substitute Experience

District and Location	Inclusive Dates		Grade(s) or Subject(s) Taught	Total Number of Days
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military* or Additional Experience

Employer and Location	Inclusive Dates		Job Title	Name of Supervisor/Phone Number
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*A dishonorable discharge will not be considered a barrier to employment.

Related Professional Experience

List educational travel, lectures, organizational membership, etc. that you would consider relevant to your ability to perform the duties of this position.

REFERENCES

List names of those who have closely observed your work as a teacher or a student. In the case of experienced teachers, present and former superintendent, principals and other supervisors are preferred.

NAME & TITLE	ADDRESS	PHONE (Home & Work)
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

TENURE - CONVICTION - ADA

Have you ever failed to be reappointed or been denied tenure? Yes _____ No _____
If yes, explain (date, location, reason) on a separate piece of paper.

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
If yes, explain (date, location, nature of the act) on a separate piece of paper.
A conviction record will not necessarily be a bar to employment.

Are you able to perform the duties (with or without reasonable accommodations) of the position for which you are applying? Yes _____ No _____

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand that Hillel School may conduct an inquiry regarding my background and experience and I authorize Hillel School to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied.

Date _____ Signature _____

