

# WESTHAMPTON BEACH PUBLIC SCHOOLS

340 Mill Road

Westhampton Beach, Long Island, NY 11978



Office of Personnel & Instruction

Telephone: (631) 288-3800

Fax: (631) 288-6509

## APPLICATION FOR PROFESSIONAL APPOINTMENT

Name \_\_\_\_\_

Other Name(s) \_\_\_\_\_

(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname, which is necessary to enable a review of your work or school records.)

Present Mailing Address

Permanent Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

Social Security Number \_\_\_\_\_

N.Y.S. Retirement System Member Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', indicate number and date of membership Num. \_\_\_\_\_ Date \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', please explain \_\_\_\_\_

\_\_\_\_\_



## RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, addresses, publications, organizational membership, committee chairships or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation, etc.)

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## PRIOR TENURE RECORD

(All applicants must complete and sign the statement in order to assure compliance with provisions of Section 3012, Subdivision 1, of the Education Laws of the State of New York.)

Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State?      Yes \_\_\_\_\_      No \_\_\_\_\_

If 'Yes', please indicate:

\_\_\_\_\_  
*(Name of School District or BOCES)*

\_\_\_\_\_  
*Date Tenure Conferred*

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Today's Date*

## OTHER WORK EXPERIENCE

(Business, trades, summer occupations.)

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## UNITED STATES ARMED SERVICE RECORD

Dates From/To	Branch	Highest Rank	Total Months	State discharge; if other than honorable, please explain circumstances.

## INTERESTS AND HOBBIES

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Please list extra-curricular activities that you could direct:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

# PROFESSIONAL REFERENCES

Names of Direct Supervisor or Principal

Address

School System

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## APPLICANT'S STATEMENT

Please provide any additional information which you think might be of value in our considering you for a position.

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I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

Your application will remain on file for two years.

Return completed application to the Office of Personnel and Instruction, Westhampton Beach Union Free School District, Administration Building, 340 Mill Road, Westhampton Beach, New York, 11978.

An equal opportunity/affirmative action employer, Westhampton Beach Public Schools is in full accord with Title IX of the Educational Amendments of 1972.

