

Brittonkill Central School District

3992 NY 2 – Troy, New York 12180

(518) 279-4600

Application for Annual and Special Appointments

NAME _____ Email: _____

ADDRESS _____

TELEPHONE NO. _____ SOCIAL SECURITY NO. _____

LIST THE POSITION FOR WHICH YOU ARE APPLYING

ARE YOU CURRENTLY A BRITTONKILL EMPLOYEE? (OTHER THAN ATHLETIC COACH) Yes No

If yes, please list your position _____

If no, please list your employment history, beginning with your most current employer.

Employer

Position

Dates

EDUCATION

Name of School

Attended

Year Graduated

Major

Degree

HighSchool _____

CERTIFICATION

Certification Area

Type

Identification Number

Expiration Date

Note: Attach a copy of all certifications to this application.

For coaching include a copy of valid certification in First Aid, CPR and Identification and Reporting Child Abuse.

1. Are you able to perform the essential tasks of the job for which you are applying? Yes No
2. Have you ever been convicted of an offense other than a minor traffic violation?
(DUI and DWI are not minor and must be reported) Yes No
3. Have you ever been convicted of a felony? Yes No
4. Have you ever been convicted (even if no contest or charges dropped or pled down)
of a sex-related offense? Yes No
5. Have you ever been convicted (even if no contest or charges dropped or pled down)
of a drug-related offense? Yes No
6. Have you ever been convicted for an act of violence, including domestic violence? Yes No
7. Has your professional license ever been revoked? Yes No
8. Have you ever been discharged or separated from a position with a school district
or been asked to resign a licensed arrangement? Yes No
9. Have you ever had sanctions placed on your teaching certificate for any reason? Yes No
10. Have you ever been denied a teaching certificate anywhere? Yes No
11. Is disciplinary action currently pending anywhere against your certificate? Yes No

If you have answered “yes” to any of the above (except #1), please provide complete details below.

References (At Least Three)

Name/Title	Institution – Address	Telephone

I do attest that the information I have provided in this application is true.

Signature: _____

Date: _____