

New Paltz Central School District

196 Main Street, New Paltz, New York 12561
Tel. (845) 256-4040 • Fax (845) 256-4024

APPLICATION FOR TUTORING

Please type or print

Date _____

Name _____
First Middle Last

Address _____

Telephone () _____

Mailing Address (if different from above) _____

1. Please fill out this application accurately and completely, including certification information.
2. Add any supplementary information that will provide a more complete estimate of your qualifications.
3. Interviews will be arranged by appointment.
4. Applications should be returned to the Personnel Office.

New Paltz Central School District, 196 Main Street, New Paltz, NY 12561

AREAS IN WHICH YOU PREFER TO TUTOR

Elementary School - - Grades Kdgn. - _____

Middle School - - Grades 6 - 8 (Subjects in order of preference) _____

Senior High School - Grades 9 - 12 (Subjects in order of preference) _____

Other
(Specify) _____

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CERTIFICATION INFORMATION

Are you certified in New York State? _____ If yes, please complete the following and attach a copy of your certification.

Title of certification _____ From _____
CQ, Provisional, Permanent

Valid from _____ Issued to _____
If Name was Different

A candidate not officially certified to teach in the public schools of New York State outside of New York City should give the status of his/her application, if any, as follows (check one):

Application submitted to and approved by the NYS Department of Education, certificate forthcoming _____

Application filed – decision pending _____ Application not filed _____

Other certificates held; type and issuing authority _____

If you are a member of NYS Teachers' Retirement System, please state your number _____

Social Security No. _____

EDUCATION AND PROFESSIONAL TRAINING

Schools Attended	Dates Attended	Majors & Minors	Degree Received

Please have official transcripts forwarded to the Personnel Office from all schools from which you obtained a degree or which you are currently attending.

TEACHING EXPERIENCE

List in chronological order (include student teaching if experience does not total three years)

Dates	Name of School	Location	Grade/Subject	No. of Years Taught

WORK EXPERIENCE OTHER THAN TEACHING

Dates	Firm or Institution	Nature of Work	No. of Months

REFERENCES

Give five references who have first-hand knowledge of your scholarship, teaching ability, or work record. If presently employed, include your present employer.

Name	Position	Present Address	Telephone No.

Have you ever failed to be reappointed, denied tenure, or been discharged from a school position?

If so, please explain. _____

Have you ever been convicted of a felony? _____

If so, please explain. _____

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PERSONAL DATA

What prompted your decision to make application in this School District?

What are your professional goals and/or future plans?

Please provide any information which will assist us in arriving at a fair estimate of your qualifications

VERIFICATION

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I hereby authorize the District to conduct work history and personal reference inquiries to determine my acceptability for employment. I acknowledge employment may be subject to a fingerprint and criminal check.

Signature of Applicant

Date

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