5. REFERENCES:	Include the names of administrators or supervisors from your current and
immediate previ	ous employer.

Name	Official Position	Complete Mailing Address	Phone

I understand that the Caledonia-Mumford Central School District will be making an **IMPORTANT:** extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my applica-tion or not) as long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the District and will not be released to me unless required by Federal or State statutes or regulation.

Candidate's Signature

Date

16. MILITARY SERVICE

(Branch)

(Date Entered)

(Date Released)

(Type of Discharge)

17. PLEASE ATTACH A SEPARATE SHEET OF PAPER DESCRIBING:

- a. Why you are interested in this particular position.
- b. What particular strengths you would bring to this district.
- c. What additional personal information you would want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.

18. ATTESTATION:

I hereby affirm that the information provided within this application and attached thereto is true and correct to the best of my knowledge.

In accordance with Title VII of the Civil Rights Act of 1964 and Title IX of the amendments to that act, it is the policy of the Dansville Central School District to not discriminate in the treatment of students, employees or others in any program or activity on any illegal basis. Illegal bases includes sex, sexual orientation, gender expression, gender identity, race, religion, color, national origin, citizenship, immigration status, and disability.

Board of Education

Caledonia-Mumford Central School District 99 North Street Caledonia, New York 14423

APPLICANT

_____ NAME ADDRESS _____ PHONE NUMBER_____ FOR THE POSITION OF

COMPLETE THE ENTIRE APPLICATION. IF ANY PART DOES NOT APPLY TO YOU, INDICATE BY MARKING N/A.

RETURN COMPLETED APPLICATION TO:

Office of the District Superintendent Attn: Ms. Jennifer Lewis Genesee Valley BOCES 80 Munson St. LeRoy, NY 14482

Signature

DATE

CALEDONIA-MUMFORD CENTRAL SCHOOL DISTRICT



HOME OF THE RAIDERS

PERSONAL DATA

I. INAME	(Last)	(First)	(Middle)
2. Permanent Addres	SS		
	(Street and Number)	(City and State)	(Zip Code)
3. Local Address			
	(Street and Number)	(City and State)	(Zip Code,
1. Home Phone #		_Cell Phone #	
	(Area Code and Number)		e and Number)
5. Email Address			
6. Retirement #			
7. Present Employer_			
Address			
Phone			
Position			
3. Earliest Date Avail	able for Employment		
). Have you ever bee	en convicted of a felony or misd	emeanor? <u>Y</u> es <u>No</u>	
If "Yes", state the	date, location, and nature of the	e act	

10. CERTIFICATION

State	Date Issued	Title	Provisional/ Permanent

11. EDUCATIONAL PREPARATION (List in Chronological Order)

High School and College/University	Address	Dates Attended	Conferred Major/Minor	Degree & Date

12. TEACHING EXPERIENCE

School	Address	Dates	Grade/Subject

13. ADMINISTRATIVE EXPERIENCE (List in Chronological Order)

School/District	Address	Position	Dates

14. **OTHER RELATED EXPERIENCE** (Include Civic and Community Participation)

Firm or Organization	Address	Dates	Position