

15. **REFERENCES:** Include the names of administrators or supervisors from your current and immediate previous employer.

Name	Official Position	Complete Mailing Address	Phone

IMPORTANT: I understand that the Dansville Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application 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.

_____ *Signature* _____ *Date*

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
Dansville Central School District
 337 Main Street
 Dansville, NY 14437

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



**DANSVILLE
 CENTRAL
 SCHOOL
 DISTRICT**



**HOME OF THE
 MUSTANGS**

DATE _____

PERSONAL DATA

1. Name _____
(Last) (First) (Middle)

2. Permanent Address _____
(Street and Number) (City and State) (Zip Code)

3. Local Address _____
(Street and Number) (City and State) (Zip Code)

4. Home Phone # _____ Cell Phone # _____
(Area Code and Number) (Area Code and Number)

5. Email Address _____

6. Retirement # _____

7. Present Employer _____

Address _____

Phone _____

Position _____

8. Earliest Date Available for Employment _____

9. Have you ever been convicted of a felony or misdemeanor? ___Yes ___No

If "Yes", state the date, location, and nature of the 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