



DRYDEN

CENTRAL SCHOOL DISTRICT

P.O. Box 88
Dryden, NY 13053
Main Office (607) 844-8694
District Office (607) 844-5361
FAX (607) 844-4733

DRYDEN SUPPLEMENTAL APPLICATION

Position

☐ Substitute Teaching ☐ Non-Instructional Substitute ☐ Coach ☐ Other _____

Position Area(s) of Interest: _____

Personal Information

Name: _____ Phone: _____

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Social Security Number: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If no, have you filed a declaration of intention to become a U.S. Citizen? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain: _____

Certification/License

I hold the New York State Certificate(s) described below: (please provide copies)

Teaching	Subject Area(s)	Date Issued
<input type="checkbox"/> Permanent/Professional <input type="checkbox"/> Provisional/Initial	_____	_____
<input type="checkbox"/> Permanent/Professional <input type="checkbox"/> Provisional/Initial	_____	_____

Other licenses/certificates held: _____

Fingerprinting & Criminal History Background Check

Effective 7/1/2001 the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees, (both certified and non-certified, to undergo fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you completed this process through the NYS Education Department? ☐ Yes ☐ No

Education

Name of School	Name of Degree Received	Nature of Studies	Dates Attended/Date Degree Granted (if in process indicate completion date)

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Work Experience

Dates	Employer's Name & Address	Nature of Work

References

Please provide at least three (3) persons having personal knowledge of your professional training, experience, personal character and ability for the position.

Name	Position	Telephone Number

Applicant Certification and Signature

My signature below indicates that I understand that officials of the appointing school district will be making an 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 given is relevant to the duties for which I have applied. I understand that the information gathered, in part of the whole, may be shared with Supervisors and members of the appointing school district. I understand that all information gathered by you regarding my application will be the property of the appointing school district and will not be released to me unless required by federal or state statutes or regulations.

Signature: _____

Date: _____

Equal Opportunity Employer

At Dryden Central School District, we are committed to providing an environment of dignity and respect where equal employment opportunities are available to all applicants. We do not discriminate against any employee or applicant on the basis of age, race, color, religion, ethnicity, sex, sexual orientation, gender identity or expression, genetic information, marital status, national origin, military or veteran status, or any other characteristics protected by state or federal laws.

Please return completed application to:

Human Resources, Dryden Central School District, PO Box 88, Dryden, NY 13053