## SCOTIA-GLENVILLE CENTRAL SCHOOLS Scotia, NY 12302

## APPLICATION FOR TEACHING ASSISTANT POSITION

					(Date)	
School level applying for:	Elementary _		Seconda	ary	Substitute	
PERSONAL DATA:						
Name						
Address(street)						
(city)		(zip	L code)			
Can you perform the task	s of this positio	n with or w	ithout acco	mmodation?		
NYS Teacher Retirement	#:	_Date SEI	D required fi	ngerprint/backgr	round check:	
EDUCATION: (List high s	school and colle	ege)				
School	Address		Diploma/Degree/Major		<u>Hours/Years</u> <u>Completed</u>	
Have you taken the NYSA Are you certified as a Tea Expiration date of certifica	ching Assistan	t in New Y	e ork State? _	Results Typ	e/Level	
EXPERIENCE:						
Where Employed	Location	Position Held		Dates to	Reason for Leaving	

Experience working with children/young adults:					
Do you have typing skills:	Yes	No	Words per minutes:		
Experience with photocopier:	Yes	No	Computer skills: Yes	No	
Regarding computer skills, please be specific:					

## REFERENCES:

Name	<u>Address</u>	Type of Employment	<u>Telephone</u>

## **TENURE STATUS**

						Cooperative Educational Services Effective Date
Name and address of so tenure was granted:	hool dist:	rict or B	oard o	f Coop	erative	Educational Services (BOCES) where
Name						
Address						
Are you a citizen of the l	JSA?		Yes			No
Have you ever been convicted of a felony, misdemeanor or any offense other than a minor traffic violation?						

I declare and affirm that the statements made in the foregoing application are true, complete and correct.

Applicant's Signature

Date

Scotia-Glenville Central School District is an equal opportunity employer and, as such, does not discriminate. Persons can receive more information by contacting the District Office. 10/03

In the space below, please write or type a statement covering any additional points that will help in judging your suitability to work as a teaching assistant in our school district.

Applicant's Name (please print)