

Scotia-Glenville Central Schools Scotia, NY 12302

Application for Tutor Position

School level applying for:	Elementary	Secondary	All
Name		Social Security #	
Address		Telephone #(day)	
		Email Address:	
NYS Teacher Retirement #	Date S	ED required fingerprint/backgr	ound check:
Can you perform the tasks	of this position with or wit	thout accommodation?	
	Please attach a copy of	of your NYS certification(s)	
Education:			
School	<u>Address</u>	<u>Diploma/Degree/Major</u>	<u>Hours/Years</u> <u>Completed</u>
Experience:			
Where Employed	<u>Location</u>	<u>Position Held</u>	Reason for Leaving

Experience working with chi	dren/young adults:		
References:			
<u>Name</u>	<u>Address</u>	Type of Employment	Telephone Number
New York? Yes Name and address of school	No	r Board of Cooperative Education Effective Date operative Educational Services (I	
granted: Name:			
Address:			
Are you a citizen of the USA	? Yes	No	
Have you ever been convicted of the second o	ed of a felony, misdeme Yes	anor or any offense other than No	a minor traffic violation?
I declare and affirm that the	statements made in the	e foregoing application are true	, complete and correct.
	Applicant's Signature		Date
Please return this completed		ville Central Schools	

Scotia-Glenville Central Schools
Office of Curriculum and Instruction
900 Preddice Parkway
Scotia, NY 12302

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 at 347-3600 ext. 72100

In the space below, please write or type a statement c help in judging your suitability to work as a tutor for or		H
Applicant Name (please print)	-	
Applicant Signature	Date	



To the Applicant:

Applicants for employment with the Scotia-Glenville Schools are uniformly asked to fill out a pre-employment application and to authorize investigation of the information furnished by them and their prior employment experiences. As can be appreciated, our district must be able to obtain satisfactory references and background data on all employment applicants. We, therefore, ask that you read and sign the authorization below:

I, the undersigned, authorize Scotia-Glenville Schools, and /or its agents, to verify and/or investigate and of the information contained on my application for employment and to obtain references and records and copies of employment records as may be required to evaluate me for the position for which I have applied.

Name _		Date:	
	(Signature)		