

PROFESSIONAL EXPERIENCE: (Continued)

Type of New York State Certificate Held (please attach copy)

Professional _____ Initial _____ Permanent _____ Provisional _____

Valid for _____ Expires _____

Subject(s)/Grade(s) Certificate Number

Teacher Assistant Certificate: Level I _____ Level II _____ Level III _____

REFERENCES: Please list the name, complete mailing address and phone number of at least three persons not related to you by blood or marriage, who may be contacted by school officials for references as to your qualifications, character and reliability. At least one of these references must be from a current or last employer.

Name	Mailing Address	Phone Number

PLEASE RETURN THE COMPLETED APPLICATION TO:

Superintendent of Schools
 Schodack Central School District
 1477 South Schodack Road
 Castleton, NY 12033-1699

I certify that the information contained in this application is true and permission is granted to seek references from former and current employers and character references as listed.

_____ Date

_____ Signature of Applicant

1477 South Schodack Road
 Castleton, NY 12033
 518-732-2297