



**EDUCATIONAL PREPARATION**

Do you have a High School Diploma? (If no, please explain.) Yes  No

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Name and Location of School	Dates Attended	Semester Hours	Major/Minor	Grade Pt. Avg.	Degree	Date Granted
College (independent)						
Vocational/Technical Trade						

**SUPPLEMENTARY EDUCATION AND TRAINING**

Title of Course	Where Taken	Skills Learned

List any Licenses or Certifications you may have.

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## EMPLOYMENT HISTORY (most recent first)

Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
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May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

**OTHER REFERENCES FAMILIAR WITH YOUR WORK**

Name	Address	Phone	How known

*When indicated, I hereby authorize Stillwater Central School District to make any investigation of my past employment and waive the right of access to any information submitted by these references.*

**PERSONAL STATEMENT**

**On a separate sheet of paper, provide your responses to the following:**

1. Indicate any special talents or experiences that would have a positive impact on our school district.
2. Provide any additional information of interest or value regarding your candidacy.

**I declare and affirm that the statements made in this application are true, complete, and correct. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.**

**DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_**  
*Application invalid without signature and date*

Interested candidates must submit completed application to:

Patricia Morris  
Superintendent of Schools  
Stillwater Central School District  
1068 Hudson Ave.  
Stillwater, New York 12170

You will be contacted by the District if you are a candidate for a position in the Stillwater Central School District. If you are not contacted, your application will be kept on file for one year and you will not be notified.