

Date _____

Solomon Schechter Day School of Nassau County
Solomon Schechter High School of Long Island

27 Cedar Swamp Road
Glen Cove, New York 11542
☎ 516-656-5500 📠 516-656-9817
www.ssdsnassau.org

APPLICATION FOR TEACHING POSITION

Elementary School (Grades K-5) ___ Middle School (Grades 6-8) ___ High School (Grades 9-12)

Teacher ___ Assistant ___ Specialist (indicate area) _____ Substitute ___

GENERAL INFORMATION

Name _____ Social Security # _____

Address _____

City, State, Zip Code _____

Phone Number _____ Cell Phone Number _____

Birthday (month and day only) _____ Email Address _____

ACADEMIC INFORMATION

Name of High School and Address _____

_____ Received Diploma? Yes No

Undergraduate and Graduate School(s)

Name _____

Address _____

From _____ To _____ Degree _____

Name _____

Address _____

From _____ To _____ Degree _____

Name _____

Address _____

From _____ To _____ Degree _____

CERTIFICATES AND LICENSES

Do you have (or are you getting) a New York State Teaching Certificate? _____

Certificate # _____ Expiration date _____

Areas of certification for New York State: _____

Other states where you hold valid teaching certificates or licenses:

State _____ Expires _____

State _____ Expires _____

List any articles, papers, theses or books you have written / published:

PERSONAL AND PROFESSIONAL BACKGROUND

If the answer to any of the next five questions is "yes", please submit a separate explanation.

1. Have you ever held a childcare license with the NYS Department of Children and Family Services or been registered to provide childcare in your home? _____
2. While employed, have you ever been the subject of disciplinary action, or been the party responsible for an administrative or court-imposed fine? _____
3. Have you ever had a license or certificate canceled or revoked? _____
4. Have you ever been charged with and/or convicted of a felony? _____
5. Have you ever been dismissed, terminated and/or forced to resign from a position? _____

PREVIOUS EMPLOYMENT

Employer _____ From _____ To _____

Address _____

Position _____

Employer _____ From _____ To _____

Address _____

Position _____

Employer _____ From _____ To _____

Address _____

Position _____

REFERENCES
(IN REVERSE CHRONOLOGICAL ORDER)

Please list three *professional references* that we may contact. (Name, Title, Address, Phone)

1. _____

2. _____

3. _____

Please list three *non-professional references* that we may contact (Name, Relationship, Address, Phone)

1. _____

2. _____

3. _____

ADDITIONAL EXPERIENCE AND INTERESTS

Do you play an instrument? _____ Sing? _____ Drama Instruction Experience? _____

Experience with Yearbook, Newspaper, Photography or other? _____

Have you ever taught in a summer camp? _____

What languages do you speak fluently? _____

How would you rate your computer skills? None ___ Slight ___ Moderate ___ Advanced ___

Please list special skills, hobbies, and interests.

JUDAIC BACKGROUND

How would you describe your religious upbringing? _____

Can you read, write or speak Hebrew? _____ Yiddish? _____ Ladino? _____

As a teacher, would you feel yourself at a disadvantage in dealing with Judaic aspects of our curriculum? _____

GENERAL INFORMATION

How did you hear of Solomon Schechter Day School of Nassau County and High School of Long Island? _____

Briefly describe your philosophy of working with children.

EMERGENCY INFORMATION

Physician's Name And Phone _____

Emergency contact name and phone #1 _____

Emergency contact name and phone #2 _____

UPON REQUEST, PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

High School Diploma _____
Undergraduate and Graduate Degrees _____
Teaching Certificates _____
Teaching Licenses _____
Physician's Statement of Good Health _____
Results of TB test (within 2 years) _____
Social Security Card _____

Proof of U.S. citizenship (2 out of 3 below):

Birth Certificate
Driver's License
Passport

Foreign Nationals: Proof of eligibility to work in the USA is required

WAIVERS AND AFFIDAVITS

I, the undersigned, understand that this application for employment is only active for six weeks from date of submission. _____ (Initials)

I, the undersigned, understand that unless otherwise indicated in writing, that any offer of employment is for at-will employment. _____ (Initials)

I, the undersigned, give my authorization to Solomon Schechter Day School of Nassau County and High School of Long Island to contact previous employers and other references as listed above for the purpose of conducting due diligence. _____ (Initials)

I, the undersigned, give my authorization to Solomon Schechter Day School of Nassau County and High School of Long Island to conduct background checks and drug testing. _____ (Initials)

I, the undersigned, certify that all of the above statements are true and understand that there will be consequences in the event of falsification of information. _____ (Initials)

Signature _____

Print Name _____ Date _____