

PHOENIX CENTRAL SCHOOL DISTRICT

116 Volney Street
Phoenix, New York 13135
(315) 695-1575

TEACHING ASSISTANT APPLICATION

Name: _____ Date: _____

Address: _____

Telephone No: _____ Social Security No. _____

Are You a Resident of Phoenix School District? Yes _____ No _____

_____ I am a Certified Teaching Assistant Which Level _____

_____ I am not a certified Teaching Assistant but I am working toward Certification.

EDUCATION AND TRAINING

Type of School	Name of School	Dates	Date of Graduation	Major/Degree	Number of Credit Hrs.
High School					
College					
Graduate School					
Business Trade					
Other					

When will you be available for a position with Phoenix Central Schools? _____

PERSONAL REFERENCES
(Other than employers or relatives)

Name	Address	Occupation	# of Years Known	Telephone #

MILITARY SERVICE:

Branch: _____ Dates of Service: _____ Highest Rank/Grade _____

Type of Discharge _____ Duty Outside of U.S. _____ Present Status _____

Do you have a Driver's License _____ Type of License: _____

PRIOR EMPLOYMENT HISTORY
(Please list last or present employer first)

From	To	Name of Employer	Complete Address	Nature of Work	Reason for Leaving

May we refer to your past employers? Yes No

May we refer to your present employer? Yes No

REMARKS

List any additional information that you feel is pertinent to the completion of your application for consideration of employment.

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me.

Signature _____ Date _____

Phoenix Central School District is an Equal Opportunity Employer

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SUBSTITUTE APPLICATION

NAME: _____

ADDRESS: _____
(City, State, Zip)

PLEASE CHECK THE DAYS YOU WILL BE AVAILABLE FOR WORK:

Monday	Tuesday	Wednesday	Thursday	Friday

PLEASE CHECK THE SCHOOLS IN WHICH YOU ARE WILLING TO WORK:

Michael A. Maroun Elementary	Emerson J. Dillon Middle	John C. Birdlebough High

Please list any work restrictions: _____

Please Note: If you wish to be placed on our substitute list, you must complete all of the related forms.

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