

# ROME CITY SCHOOL DISTRICT Application for Employment

## K – 12 Special Education 2019 Summer Program

This form should be filled out completely each year to provide information needed for staff selection and funding. Applications are due back by MARCH 15, 2019. Send to: **Human Resource Office; Rome City School District, 409 Bell Rd., Rome, NY 13440.**

**PLEASE NOTE: If you are applying for the first time, you must complete a Non-Instructional or Instructional application form (available on our website) and attach it to this.** All new employees are required be fingerprinted and cleared if being recommended for hire. Call 338-6581 (school age) if you have questions regarding the Special Education.

Are you applying for Special Education K-12 Summer Program \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

Are you a *current* Rome City School District employee? YES or NO (please circle)

If Yes: Position? \_\_\_\_\_ Location? \_\_\_\_\_

How many years have you been a FULL time permanent employee? \_\_\_\_\_

Did you work in our Special Education summer program last summer? \_\_\_\_\_

How many years have you worked in the Rome City School District Special Education Summer Program? \_\_\_\_\_

In what position(s)? \_\_\_\_\_

Please rank the positions in the order which you'd like to be considered for employment: (Note: 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice)

_____ Special Education Teacher	_____ Speech Language Pathologist	_____ School Nurse
_____ Physical Therapist	_____ Occupational Therapist	_____ Teaching Assistant
_____ School Guidance Counselor	_____ Adaptive Physical Education Teacher	_____ Clerical
_____ <i><b>SUBSTITUTE ONLY for the following positions:</b></i> _____		
_____ <i><b>If you are willing to substitute for the above position(s), if not hired, check here:</b></i> _____		

**Please check those that apply and fill in the remaining information:**

\_\_\_\_\_ High School Name of School: \_\_\_\_\_ Graduated: \_\_\_\_\_

Course of study: (circle one) GED / Regents Diploma / Local Diploma

\_\_\_\_\_ Some College but No degree College: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Are you a *current* College Student? \_\_\_\_\_ **If yes:** Anticipated date of Graduation: \_\_\_\_\_

Major in college: \_\_\_\_\_ Expected degree: 2 yr. Associates / Bachelors / Masters

\_\_\_\_\_ Associate's Degree College: \_\_\_\_\_

Major: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Graduated: \_\_\_\_\_

\_\_\_\_\_ Bachelor's Degree College: \_\_\_\_\_

Major: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Graduated: \_\_\_\_\_

\_\_\_\_\_ Master's Degree College: \_\_\_\_\_

Major: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Graduated: \_\_\_\_\_

CERTIFICATION (Teachers, Guidance & TA's)	STATE	NUMBER	YEAR
_____	_____	_____	_____
_____	_____	_____	_____

**LICENSE (OTs, PTs and Nurses) – please attach copy of current license**

Name of Trade/ Profession \_\_\_\_\_ Licensee Number \_\_\_\_\_  
 Granted by (licensing agency) \_\_\_\_\_ City or State of: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Date License first issued: \_\_\_\_\_  
 From (month / year) \_\_\_\_\_ To (month / year): \_\_\_\_\_

**SPECIAL EDUCATION EXPERIENCE & EMPLOYMENT HISTORY:  
 Including any Summer School experience**

Dates	Employer	Position	Supervisor	Year(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER WORK EXPERIENCE & EMPLOYMENT HISTORY:**

Dates	Employer	Position	Supervisor	Year(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please Note:**

**If you are applying for the first time, and have not worked for Rome City Schools before, please provide the following information:**

1. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
2. Did you ever resign from any employment rather than face dismissal? YES NO
3. Did you ever receive a discharge from the Armed forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES NO
4. Have you ever been convicted of a crime? (felony or misdemeanor)? YES NO
5. Have you ever forfeited bail bond posted to guarantee you appearance in court to answer to any criminal charges? YES NO

If you answered "YES" to any of the questions above, you may give specifics on an attached sheet. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above information / circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**If you are applying for the first time, you must also provide the following:**

**PROFESSIONAL REFERENCES**

NAME	POSITION / TITLE	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*If you have never worked in the Rome City School District previously (or within the past year), you must fill out a Rome City School District Application form and you need to be fingerprinted and cleared if hired at a cost payable by the employee.**