

CHESTER UNION FREE SCHOOL DISTRICT
HOME INSTRUCTOR/TUTOR

DATE: _____ TELEPHONE: (Home) _____

NAME: _____ (Cell) _____

ADDRESS _____

E-MAIL ADDRESS: _____

D.O.B.: _____ S.S.#: _____

ARE YOU A MEMBER OF THE N.Y.S. RETIREMENT SYSTEM? _____ YES _____ NO

If Yes, Retirement #: _____

If NO, DO YOU WANT TO JOIN THE N.Y.S. RETIREMENT SYSTEM? _____ YES _____ NO

CERTIFICATION: State: _____ Number: _____ Area: _____

Attach a copy of your teacher certification; must be certified

EDUCATION: School _____ Degree _____

Major _____ Year _____

WORK EXPERIENCE: **PLEASE ATTACH A RESUME**

Employer Name & Address

Dates

Job Title

Supervisor

Name & Phone

TOTAL NUMBER OF YEARS TEACHING EXPERIENCE: _____

WHEN AVAILABLE: _____

PLEASE ATTACH THREE (3) LETTERS OF REFERENCE: (1 personal; 2 professional)

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND PARKING OFFENSES? _____ YES _____ NO

IF YES, DESCRIBE IN FULL: _____

APPLICANT'S SIGNATURE