LONG LAKE CENTRAL SCHOOL P.O. BOX 217 LONG LAKE, NEW YORK 12847-0217

Employment Application

			Date:		
1. Name		(In Eull)			
		(In Full)			
2. Present Address	(Street)	(City)	(State)	(Zip)	
3. Permanent Addr	ress(If Diffa	rent From Present)			
	(II Dille	ient Fioni Fiesent)			
. Telephone #		Cell #			
5. E-Mail Address					
5. Type of Certificate Held			Valid in what State		
	on, grades, or subjects (in		do you wish to a	apply?	
	School or Institution-	*		of Attendance	
High School					
College					

OVER

(Trade or other Pr	ofessional Exp	perience)		
Name of School of And Location	Institution	Grade or H.S. Subjects Taught or Position Held	Dates From-To	No. Of Years
0. REFERENCES - ersonality, scholarsh		rences who have first-hand kno ability.		
Name	Address	Official Position	Phone Work	Home
I authorize investi	gation of all sta	atements contained in this appli	cation.	
Signature			Date	