

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES  
167 MYERS CORNERS ROAD, SUITE 200  
WAPPINGERS FALLS, NY 12590  
TELEPHONE: (845)298-5000 ext 40115**

**APPLICATION FOR OCCUPATIONAL/PHYSICAL THERAPIST/THERAPIST ASSISTANT**

Your candidacy will not be considered until all of the following documents are received in the Office of Human Resources:

- This application with each item completed in full in your own handwriting.
- A copy of your valid NYS license and registration certificate (s).
- A cover letter and current resume.
- Transcripts for all college credits completed (both undergraduate and graduate courses). Photocopies of transcripts are acceptable if they are legible and complete. Diplomas and/or grade reports are not acceptable substitutes for transcripts.
- Three current letters of professional reference from individuals who have direct knowledge of your professional ability. All three letters must be signed and dated within the past 18 months and cannot be from current WCS D employees. You may also choose to include additional letters of recommendation, copies of evaluations, or other relevant documents that would assist us in assessing your qualifications.

Your application will be kept on file for one calendar year. If after that time you wish to remain an active candidate for a position with WCS D, we request that you submit an updated cover letter and resume.

We suggest that you keep a photocopy of your completed application and documentation for your records before returning it to the Office of Human Resources.

You may call the Office of Human Resources only to verify that your candidate folder is complete. If an opening arises and you are selected for an interview, you will be contacted by an Administrator.

**THE WAPPINGERS CENTRAL SCHOOL DISTRICT  
IS AN EQUAL OPPORTUNITY EMPLOYER.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
APPLICATION FOR OCCUPATIONAL/PHYSICAL THERAPIST/THERAPIST ASSISTANT**

Application for position of \_\_\_\_\_ Date Available For Employment \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last, First, Middle

Address \_\_\_\_\_  
Street Address, City, State, Zip Code

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Temporary Address \_\_\_\_\_  
Street Address, City, State, Zip Code

Temporary Telephone Number \_\_\_\_\_ Until what date? \_\_\_\_\_

If you are presently a member of (or if you are receiving a benefit from) a public retirement system in New York State, please indicate which system (Teachers, Employees, Police & Fire), your member number, and the percentage (if any) you contribute:

System \_\_\_\_\_ Member Number \_\_\_\_\_ Percentage \_\_\_\_\_

If the District previously employed you, give job title(s) and dates of employment. \_\_\_\_\_

**College Education** List all colleges attended in reverse chronological order.

Dates Attended	Name and Location (City/State) of College or University	Degree Received and/or Number of Credits	Major Field(s) of Study
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____

**Computer Proficiency** Indicate your level of experience using computers, both on a personal level and with students, including any computer programs you are able to use.

**School Activities** Indicate any extracurricular activities you would be willing and qualified to conduct.

**Professional Experience** List all therapist or related experience in reverse chronological order.

Dates Employed	Name and Location (Street Address, City, State, Zip Code) of Employer/School/School District	Part-Time or Full-Time (35 hours or more per week)	Reason For Leaving
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____

**Professional References** List four individuals who have direct knowledge of your professional ability, scholarship, and character. Do not list individuals currently employed by the Wappingers Central School District.

Name & Position	Address	Daytime Telephone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**Moral Character Determination** Answer yes or no.

Have you ever resigned from a position under threat of disciplinary charges or while disciplinary action was pending? \_\_\_\_\_

Has any disciplinary action been brought against you which resulted in your being discharged from employment? \_\_\_\_\_

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? \_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_\_

Are you now under charges for any crime (felony or misdemeanor)? \_\_\_\_\_

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges? \_\_\_\_\_

Have you ever had a professional credential revoked, suspended, or annulled? \_\_\_\_\_

Have proceedings ever been initiated against you pursuant to Civil Service Section 75? \_\_\_\_\_

If you answered "yes" to any of the questions above, provide below the specifics or an explanation for the response. None of the above circumstances represents an automatic bar to employment by the District.

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**If you are retired and receiving a benefit from a New York State public employer**, please be advised you are responsible for contacting the retirement system to determine what if any impact employment by the District will have on your retirement allowance.

**Signature**

I affirm that the statements made in this application and all accompanying documents are true and complete to the best of my knowledge. I authorize investigation of my employment history and all statements contained in this application and any accompanying documents. In the event of employment, I understand that false information or a deliberate omission found herein may be cause for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date