Long Island University Center for Gifted Youth
Teacher Assistant Application Form

To be considered for current teacher assistant openings with the Center for Gifted Youth, please complete the following application and either mail or fax it to our office.

Attention: Dr. Madelon Solowey, Director
Address: Long Island University Center for Gifted Youth
C.W. Post Campus, School of Education
720 Northern Boulevard
Brookville, NY 11548-1300
Phone: 516-299-2160
Fax: 516-299-3323
Email: gifted@cwpost.liu.edu

I. Personal Information:

Last Name _____ First Name _____ MI _____

Social Security # _____ Date you can start _____

Are you available on Saturdays? Fall _____ Spring _____

Are you available weekdays during the month of July? Yes _____ No _____

Please circle the highest level of education completed:
High School - **1 2 3 4**
College - **1 2 3 4**
Graduate School - **1 2 3 4**
Certified Teacher - **yes no**

If you are under 17, you must secure and bring original working papers. # _____

Current Address: Street _____ Apt. # _____

City _____ *State* _____ *Zip* _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

School: Name of Present School _____

School Address _____

City _____ State _____ Zip _____

Work: Present Position _____ Work Phone (_____) _____

Is there a particular age group of child with which you would prefer to work? Please check below:

- ❑ Kindergarten – Grade 1
- ❑ Grades 2-3
- ❑ Grades 4-6
- ❑ Grades 7-8

II. List any work experience, interests, skills, or activities that you feel would make you an effective teacher assistant in our program:

_____

_____

_____

_____

III. What are your strongest academic areas? Please circle:

Algebra	Internet	Public Speaking
Ancient Civilizations	Law	Social Sciences
Biology	Literature	Theater Arts
Chemistry	Math Problem Solving	Web Page Design
Debate	Physics	Writing
Geology	Poetry	
Geometry	PowerPoint	

If you are a current college student or college graduate, what is/was your undergraduate major? _____

IV. Emergency Contact Information:

Emergency Contact Name: _____

Telephone # (_____) _____ Relationship _____

V. It is expected that you will be present and on time each day of classes. If there is an emergency, and you must be absent, you are responsible for providing a substitute. List below the name and phone number of the substitute with whom you have made arrangements. It is understood that this arrangement is a requirement of your employment.

Substitute Name: _____

Telephone # (_____) _____

Address _____

The law prohibits discrimination against individuals because of age, race, creed, sex, national origin or disability.

Statement of Applicant:
In applying for employment, I want Long Island University to be fully informed of my previous record and I hereby authorize LIU to investigate my background and to obtain any and all information which may concern me and to which it is lawfully entitled. I hereby authorize all persons, schools, companies, corporations, military, government agencies, credit bureaus and law enforcement agencies to provide the University any and all such information to which it is lawfully entitled and which may be lawfully released by the foregoing entities. I fully understand that any misrepresentations of facts on this application shall be sufficient cause for dismissal in the event I am hired. I further understand that any offer of employment shall be subject to reference check.

_____ _____
(Candidate's Signature) (Date)