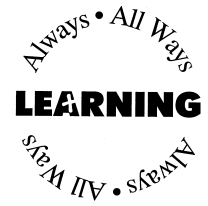


NEWARK VALLEY CENTRAL SCHOOLS

79 Whig Street, PO Box 547
Newark Valley, NY 13811
(607)642-3221



APPLICATION FOR EMPLOYMENT – SUPPORT STAFF

(Please type or print plainly)

Date _____
Month Day Year

PERSONAL INFORMATION

Name _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

Years lived at above address? _____ Email address _____

Previous Address _____

City _____ State _____ Zip Code _____

Years lived there? _____ Are you 18 years of age or older? _____ If not, state your age. _____

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work: Full time _____ or Part time _____? Specify days and hours if Part Time _____

Have you worked for us before? _____ If yes, when? _____

List any experience, skills, or qualifications which you feel would especially fit you for work with the District.

If hired on what date would you be able to start work? _____ If hired, do you have reliable transportation to get to work? _____ If you possess a driver's license, state classification. _____

EDUCATIONAL BACKGROUND

| Type of School | Name and Address | Graduated (circle) | Course or Major |
|-------------------------|------------------|--------------------|-----------------|
| Grammar or Grade School | | Yes No | |
| | | | |
| High School | | Yes No | |
| | | | |
| College | | Yes No | |
| | | | |
| Post Graduate | | Yes No | |
| | | | |
| Business or Trade | | Yes No | |
| | | | |
| Other | | | |
| | | | |

MILITARY SERVICE RECORD

Have you ever served in the armed forces of the United States? _____ Yes _____ No
 If yes, what branch? _____ Dates of duty from _____ to _____

What were your duties in the service (include special training and duty station)? _____

PERSONAL REFERENCES (Excluding former Employers or Relatives)

| Name and Occupation | Address | Telephone |
|---------------------|---------|-----------|
| | | |
| | | |
| | | |
| | | |

***** Please include three (3) written letters of reference. *****

ANTI-DISCRIMINATION POLICY

The District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et. seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973 and New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

PRIOR WORK HISTORY (List in order, last or present employer first)

| Dates From/ To | Name & Address of Employer | Supervisor's Name, Title Telephone # | Rate of Pay Start/Finish |
|----------------|----------------------------|---|-----------------------------|
|----------------|----------------------------|---|-----------------------------|

Describe in detail the work you did. _____

| Dates From/ To | Name & Address of Employer | Supervisor's Name, Title Telephone # | Rate of Pay Start/Finish |
|----------------|----------------------------|---|-----------------------------|
|----------------|----------------------------|---|-----------------------------|

Describe in detail the work you did. _____

| Dates From/ To | Name & Address of Employer | Supervisor's Name, Title Telephone # | Rate of Pay Start/Finish |
|----------------|----------------------------|---|-----------------------------|
|----------------|----------------------------|---|-----------------------------|

Describe in detail the work you did. _____

| Dates From/ To | Name & Address of Employer | Supervisor's Name, Title Telephone # | Rate of Pay Start/Finish |
|----------------|----------------------------|---|-----------------------------|
|----------------|----------------------------|---|-----------------------------|

Describe in detail the work you did. _____

May we contact the employers listed above? ____ If not, indicate which one(s) you do not wish us to contact.

PLEASE READ CAREFULLY – APPLICANT’S CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand that the Newark Valley Central School District will be making an extensive inquiry regarding my background and experience and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the School District and will not be released to me unless required by federal or state statutes or regulations.

Signature of Applicant

Thank you for completing this application form and for your interest in employment with us.

Do Not Write Below this Line

Interview _____ Yes _____ No

Date _____ Time _____

Position _____

Department _____

Interviewed by _____

Starting Date _____

Starting Rate _____
