

# SANDY CREEK CENTRAL SCHOOL DISTRICT



PO BOX 248

124 Salisbury St.

Sandy Creek, NY 13145

Phone: 315-387-3445 Fax: 315-387-2196

## APPLICATION FOR EMPLOYMENT

**PRINT IN BLACK INK OR TYPE**

**ANSWER ALL QUESTIONS**

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

HOME ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

MAILING ADDRESS: \_\_\_\_\_

(If different from above) STREET

CITY

STATE

ZIP

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OTHER: \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LEGAL RESIDENCE	NAME	YEARS	MONTHS	PLEASE CHECK SCHOOL DISTRICT IN WHICH YOU RESIDE
COUNTY				<input type="checkbox"/> ALTMAR-PARISH-WILLIAMSTOWN
CITY				<input type="checkbox"/> CENTRAL SQUARE
VILLAGE				<input type="checkbox"/> FULTON
TOWN				<input type="checkbox"/> HANNIBAL
STATE				<input type="checkbox"/> MEXICO
				<input type="checkbox"/> OSWEGO
				<input type="checkbox"/> PHOENIX
				<input type="checkbox"/> PULASKI
				<input type="checkbox"/> SANDY CREEK
				<input type="checkbox"/> OTHER: _____

**INDICATE POSITION YOU ARE APPLYING FOR:**


**EMPLOYMENT PREFERENCES:** Please check the type of work you would be willing to accept.

Full time

Part time

Temporary

**LEVEL OF EDUCATION:** Please check the highest level of education completed.

High School

Associate

Bachelor

Master

Doctorate

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

EDUCATION: LIST NAME REQUESTED BELOW	FROM - TO (mo. & yr.)	MAJOR AND MINOR	TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE EXPECTING DEGREE OR DIPLOMA
HIGH SCHOOL OR GED			(IF GED, INCLUDE NUMBER)		
COLLEGE					
GRADUATE SCHOOL OR OTHER EDUCATION					

**PLEASE LIST MOST RELEVANT COURSE WORK:**

NAME OF COURSE	DIVISION	CREDIT HOURS	NAME OF COURSE	DIVISION	CREDIT HOURS

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:**

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**DRIVER'S LICENSE INFORMATION:**

NONE  
 OUT OF STATE \_\_\_\_\_  
 (Indicate State)  
 NEW YORK STATE  
 MOTORIST I.D. # \_\_\_\_\_  
 CLASS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

**HIGHER EDUCATION INFORMATION:**

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:  
 Do you have any outstanding NYS guaranteed student loan?  
    No                                    Yes  
 If yes, are you currently in default of any such loan?  
    No                                    Yes

Have you ever been convicted of a violation of law? \_\_\_\*YES \_\_\_ NO (Omit parking or speeding violations assigned a fee of \$50 or less and any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment.

**\*IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES AND PENALTIES ON A SEPARATE SHEET OF PAPER.**

Have you ever been discharged from employment for other than lack of work or funds? \_\_\_\_\_ \*YES \_\_\_\_\_ NO

**\*IF YES, YOU MUST ATTACH AN EXPLANATION OF EACH DISCHARGE ON A SEPARATE SHEET OF PAPER.**

Are you under the age of 18? \_\_\_\_\_\*Yes \_\_\_\_\_ No **\*If yes, you will be required to supply a work permit.**

NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE

**WORK EXPERIENCE:** DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all the duties which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement this information.

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

ADDITIONAL SHEETS MAY BE ATTACHED. Sheets must contain ALL information as requested on this form. (e.g. Number of hours worked per week, etc.)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

**WORK EXPERIENCE—CONTINUED**

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

**REFERENCES:** List the names of three individuals familiar with your abilities.

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
1.		
2.		
3.		

**SANDY CREEK CENTRAL SCHOOL DISTRICT—AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Sandy Creek Central School District to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, martial status, or criminal record.

**STATEMENT:**  
I declare that all of my statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from employment.  
I authorize Sandy Creek Central School District to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials.  
I understand that acceptance of this application for employment by Sandy Creek Central School District does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_