WATERVLIET CITY SCHOOL DISTRICT 1245 HILLSIDE AVENUE WATERVLIET, NEW YORK 12189

Application for Employment (Non-Instructional)

Instructions: This application <u>must be completed in full</u>, even if you include a resume. Conditions of employment are stated at the end of this form. Please read carefully before you sign the application.

Positions for Which	You Are Applying	(Check all that	t are applical	ole)	
Food Service Worker Cafeteria Monitor		Full Time			
Custodial Worker Office Worker Other (please specify):		Substitute			
	_	Both			
color, national origin,	District will consider a sex, sexual orientatior s, or any other legally pr	n, disability,	military sta		
Personal Information	on				
First Name	Last Name	Middle Initial		Social Security Number	
Present Address			Home Telephone Numb	oer	
City	State	Zip Code	:	Length of residency in A	Albany County?
Are you legally eligible to (Proof of identity and el				☐ YES	□NO
Are you over the age of (If No, you will be asked		on to work)		YES	□NO
Have you been convicted or are any such charges or please provide an explan charges will not necessar	currently pending against nation of the circumstance	: you? (Traffices surrounding	violations n	eed not be reported. If y	
Have you ever been the subject of employee disciplinary charges or subject any sort of disciplinary action by an employer? If yes, please explain, and indicate how the case was resolved:				□NO	
Have you ever worked	for the Watervliet City S	School Distri	ct before?	☐ YES	□NO
If yes, where?			Whe	n?	

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Education						
Do you have a High School diploma or GED?			☐YES	□NO		
	Name and location of School	No of Year Completed	Major/Minor I	loma or egree		
College						
Graduate School						
Vocational or Trade School						
Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? If Yes, please describe:						
List all service in the military and all service as a volunteer firefighter. List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.						
Employment Hi	story					
Start with your present or most recent position (attach additional sheet if necessary).						
Name of Employer		ion additional	Telephone Number			
Address			Supervisors Name and Title			
City	State	Zip Code	Dates of employment From To			
Position Held			Salary or rate of pay			
Reason for leaving			May we contact this employe	r?		
Name of Employer	r		Telephone Number			
Address			Supervisors Name and Title			
City	State	Zip Code	Dates of employment From To			
Position Held			Salary or rate of pay			
Reason for leaving)		May we contact this employe	r?		

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Name of Employer			Telephone Number
Address			Supervisors Name and Title
City	State	Zip Code	Dates of employment From To
Position Held			Salary or rate of pay
Reason for leaving			May we contact this employer? ☐ YES ☐ NO
References			
Please list three refer	ences (Please ensure addre	esses are complete and	
Name			Occupation/Title
Address			Telephone Number
City	State	Zip Code	Relationship
Name			Occupation/Title
Address			Telephone Number
City	State	Zip Code	Relationship
Name			Occupation/Title
Address			Telephone Number
City	State	Zip Code	Relationship
misrepresentation or cause for denial of e authorize the inves accompanying or rec release the employer the district's rules ar representative or age I acknowledge that I	mployment or immediate to tigation of all statements quired documents. I relea from all liability that might and regulations. I further u ent of the district, at any tir	plication (or any other ermination of employmer and information coase from all liability a result from making an understand that no repute, can constitute a commendation of the commendat	accompanying or required documents) will be ent, regardless of when or how discovered. I ontained in this application and any other nyone supplying such information and I also investigation. If hired, I agree to abide by all presentation, whether oral or written by any
Applicants Signature:			Date:

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