



St. Joseph's  
School  
for the Deaf

1000 Hutchinson River Parkway  
Bronx, NY 10465-1899

718.828.9000  
FAX: 718.792.6631  
www.SJSDNY.org

Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

**HOUSEKEEPING AND MAINTENANCE**

**DATE AVAILABLE:** \_\_\_\_\_

NAME _____	DATE: _____	
ADDRESS _____	APT. _____	
CITY _____	STATE _____	ZIP CODE _____
TELEPHONE _____	CELL _____	
EMAIL ADDRESS: _____	SOCIAL SECURITY #: _____	
DESIRED SALARY \$ _____		

How did you hear about our school? \_\_\_\_\_

<b>In case of emergency, whom should we notify?</b>		
NAME _____	RELATIONSHIP _____	
ADDRESS _____	TELEPHONE: _____	
CITY _____	STATE _____	ZIP CODE _____

1. Are you a citizen of the United States?  YES  NO  
If no, do you have the legal right to become employed in the U.S?  YES  NO
2. Are you currently employed?  YES  NO  
If yes, may we contact your present employer?  YES  NO
3. Are you currently on "lay-off" status and subject to recall?  YES  NO
4. Are you at least 18 years of age?  YES  NO

5. Do you have any military or reserve obligations? YES NO  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

6. Do you have relatives working at St. Joseph's School for the Deaf? YES NO  
 If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL LICENSES OR CERTIFICATIONS (Complete if applicable)**

1. Type \_\_\_\_\_ City/State Issued \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 2. Type \_\_\_\_\_ City/State Issued \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 3. Type \_\_\_\_\_ City/State Issued \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATIONAL RECORD (List all Schools, Colleges, Universities attended)**

NAME & LOCATION	FROM: Month/Year	TO: Month/Year	DID YOU GRADUATE?	DIPLOMA/ DEGREE	MAJOR

**EMPLOYMENT RECORD (List current or last position first)**

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer Mo/Yr Mo/Yr  
( )  
\_\_\_\_\_  
Address Telephone  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Type of Business Name of Supervisor  
\_\_\_\_\_  
Position Description  
\_\_\_\_\_  
Reason for leaving

2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer Mo/Yr Mo/Yr  
( )  
\_\_\_\_\_  
Address Telephone  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Type of Business Name of Supervisor  
\_\_\_\_\_  
Position Description  
\_\_\_\_\_  
Reason for leaving

3. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer Mo/Yr Mo/Yr  
( )  
\_\_\_\_\_  
Address Telephone  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Type of Business Name of Supervisor  
\_\_\_\_\_  
Position Description  
\_\_\_\_\_  
Reason for leaving

**PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)**

- List two professional and one personal reference

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

1. I certify the above information is true and complete and I understand that falsification or incomplete information are grounds for immediate dismissal.
2. I understand that my signature below and the information I provided establishes no obligation on your part to employ me and that there has not been any implied or expressed guarantee that my preparation of this employment application will result in my employment.
3. If I am employed, I agree to and will abide by the rules as outlined in the Personnel Policies.
4. I hereby give my consent to the administration of St. Joseph's School for the Deaf to seek professional and personal references in connection with my application for employment.
4. I understand that my employment is "at will" and may be terminated by myself or St. Joseph's School for the Deaf at anytime with or without cause or prior notice.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**St. Joseph's School for the Deaf is an Equal Employment Opportunity Employer that does not discriminate on the basis of race, disability, religion, gender, age or national origin in its employment practices and access to its school programs.**

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**FOR OFFICIAL USE ONLY**  
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Interviewed By:	Date:
Interviewed By:	Date:
Interviewed By:	Date:

(Revised: 4/03)