



*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.

SECRETARIAL/CLERICAL/KEYBOARD

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? _____

In case of emergency, whom should we notify?

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE: _____

CITY _____ STATE _____ ZIP CODE _____

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

SPECIALIZED SKILLS

Typing: _____/words per minute

Computer skills/programs (Please list) _____

Other office machines: _____

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

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

Are you fluent in any other languages? _____

Speak: Read: Write:

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)