



CLASSIFIED EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____	Application Date: _____
Address _____	Home Phone: _____
	Cell Phone _____
NYS Retirement System Member: Yes ____ No ____	Work Phone: _____
NYS Retirement System Member # _____	E-mail Address: _____
Present Salary: _____	Desired Salary: _____

POSITION(S) PREFERENCE (circle)

Clerical	Bus Driver	Health Office/LPN
Substitute Clerical	Cleaner	R.N.
Teacher Aide	Custodial Work	Other: _____
School/Bus/Recess Monitor		

EDUCATIONAL PREPARATION (copies of all diplomas and/or college transcripts must be provided)

High School: _____	Date of Graduation: _____
College: _____	Date of Graduation: _____
From: _____ To: _____ Degree: _____	Major/Minor: _____
Tech School: _____	Date of Graduation: _____

CURRENT EMPLOYMENT INFORMATION

Employer: _____	
Address: _____	
Phone Number: _____	From/To: _____

OTHER EXPERIENCE

Position: _____	Position: _____
School: _____	School: _____
Grade(s): _____	Grade(s): _____
Subject: _____	Subject: _____
To/From: _____	Time: _____
Reason for Leaving: _____	Reason for Leaving: _____



OTHER EXPERIENCE

Position: _____
 School: _____
 Grade(s): _____
 Subject: _____
 To/From: _____
 Reason for Leaving: _____

Position: _____
 School: _____
 Grade(s): _____
 Subject: _____
 To/From: _____
 Reason for Leaving: _____

CLASSIFIED POSITIONS/AIDE/MONITOR

Indicate Experiences that qualify you for working with students in a supervisory or instructional setting: _____

HEALTH OFFICE ASSISTANT/LPN/RN

Do you have current LPN/RN certification? Yes No Expiration Date: _____
 Do you have any experience working with children? Yes No
 Do you have any office work experience? Yes No
 Are you interested in substitute work in this area? Yes No

CLERICAL

Do you have any computer skills? _____ If yes, what type? _____
 Your average typing speed: _____ W.P.M. Do you take shorthand? _____ If yes, speed: _____ W.P.M.
 Do you have experience in Purchasing, Account Payable or Payroll? _____ If yes, explain: _____

 Have you taken any Civil Service examinations for clerical positions? Yes No
 When: _____ Where: _____
 Title(s): _____ Score(s) _____
 Are you interested in substitute work in this area? Yes No

CLEANER/CUSTODIAL WORKER/BUS DRIVER

Have you had experience or training in institutional cleaning? _____ If yes, please explain: _____

 Have you ever supervised other in an institutional cleaning operations? _____ If yes, please explain: _____

 Have you taken any Civil Service examinations for clerical positions? Yes No
 When: _____ Where: _____
 Title(s): _____ Score(s) _____
 Are you interested in substitute work in this area? Yes No



MAINTENANCE AND SPECIAL SKILLS (*job titles in this area: groundskeeper, automotive mechanic, plumber, carpenter, electrician, etc.*)

Indicate experience or training that qualifies you for your area of preference: _____

Type of Driver's License: _____ Have you been charged with moving traffic violations (reckless driving, speeding, etc.) within the last 5 years or with any criminal act? _____ If yes, explain:

Date: _____ Disposition: _____

Charge: _____ Court and Locations: _____

BUS DRIVER (*answer the following if applying for Regular or Substitute Bus Driver*)

Class of Driver's License: _____ Expiration Date: _____

Motorist Identification No.: _____ State of Issuance: _____

Attach to this application form at least three(3) statement from three (3) different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability (State Ed Department requirement)

Have you ever had an accident while driving, which resulted in injuries to yourself or others? Yes No

If yes, describe in detail: _____

Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act?

Yes _____ No _____ If yes, list below:

Date: _____ Charge: _____

Disposition: _____ Court and Location: _____

Active Driving Experience: School Bus _____ years

Passenger of Heavy Truck _____ years

Light Truck or Station Wagon _____ years

Do you use intoxicants? Frequently Seldom Never

Do you use drugs? Frequently Seldom Never

Have you ever had any convulsions or periods of unconsciousness? Yes No

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above named application for the position of Bus Driver for the school year _____.

I hereby recommend his/her employment.

Date

Signature of Transportation Supervisor



REFERENCES *(must provide at least three)*

Name: _____ Telephone: _____
(current supervisor - may we contact now? Yes/No)

Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

Name: _____ Telephone: _____
 Position: _____
 Address: _____

1. Are you a U.S. Citizen? Yes ___ No ___

2. If you are not a U.S. Citizen, do you have the legal right to accept employment? Yes ___ No ___
 (Upon employment you will be asked to produce two original forms of identification)

3. Are you a Veteran? Yes ___ No ___ Branch of Service: _____

4. Are you a Volunteer Fireman? Yes ___ No ___

5. Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___

6. Are any criminal charges pending against you for any offense as a defendant? Yes ___ No ___

7. Have you ever forfeited bail or bond following your appearance as a defendant? Yes ___ No ___

8. Have you ever received an unsatisfactory rating in conjunction with employment? Yes ___ No ___

9. Have you ever been disqualified for employment for any civil service position? Yes ___ No ___

10. Have you ever been discharged or required to resign for any position (other than layoff due to reduction in workforce)? Yes ___ No ___

11. Have you ever resigned as an alternative to facing charges or dismissal? Yes ___ No ___

12. Have charges ever been preferred against you by an employer? Were the charges sustained? Yes ___ No ___

13. Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprint or medical record? Yes ___ No ___



14. Have you ever had a professional certificate or license denied, revoked, or suspended by any government agency as a result of your record? Yes ___ No ___

15. Has the Family Court or any other court rendered a finding indicating that you have abused or neglected a child? If so, indicate on a confidential attachment the date and nature of the finding, name of court and name of judge. Yes ___ No ___

Explanation: _____

I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

 Applicant's Signature

 Date

The Pocantico Hills Central School District does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, veteran status, or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the respective school district.

If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

 Applicant's Signature

 Date