



Schuylerville Central School District
Application for Employment
 Non-Teaching

Areas of Interest [list by preference]

1. _____
2. _____
3. _____

Personal Information

Name _____
First Middle Last

Permanent Address _____

Telephone # _____ Social Security # _____

Are you a citizen of the United States? Yes No

Applicant may require accommodation in order to perform one or more essential job functions.
 Yes No (Explanation may be given at interview.)

References

Give names of those who have closely observed your work.

| <i>Name</i> | <i>Present Address City & Zip Code</i> | <i>Telephone with Area Code</i> | <i>Position</i> | <i>May We Contact?</i> |
|-------------|--|-------------------------------------|-----------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

Educational Information

| <i>Name & Location of School</i> | <i>Dates Attended</i> | <i>Nature of Studies</i> | <i>Diploma or Degree</i> | <i>Date Granted</i> |
|--|---------------------------|------------------------------|------------------------------|-------------------------|
|--|---------------------------|------------------------------|------------------------------|-------------------------|

High School _____

College _____

U.S. Armed Services Record

| <i>Branch of Service</i> | <i>From</i> | <i>To</i> | <i>Highest Rank</i> | <i>Type of Discipline</i> |
|--------------------------|-------------|-----------|---------------------|---------------------------|
|--------------------------|-------------|-----------|---------------------|---------------------------|

Schuylerville Central School District does not discriminate in its employment practices because of race, color, religion, sex, national origin or handicap.

Work Experience

Please list most recent FULL TIME position first. May we contact your present employer? _____

Firm Name and Address _____

Employment Dates _____

Immediate Supervisor _____ Phone _____

Type of Work and Duties _____

Reason for Leaving _____

Firm Name and Address _____

Employment Dates _____

Immediate Supervisor _____ Phone _____

Type of Work and Duties _____

Reason for Leaving _____

Firm Name and Address _____

Employment Dates _____

Immediate Supervisor _____ Phone _____

Type of Work and Duties _____

Reason for Leaving _____

Were you previously employed by the district? _____ When? _____

If the position you are applying for involves operating a school vehicle at any time, please provide the following information: Type of License: _____ ID# _____

I authorize investigation and verification of all statements contained in this application for employment. It is agreed that any misrepresentation or omission of pertinent facts may be considered cause for termination or withdrawal of an offer of employment. Further, I agree to take a physical examination and recognize that any offer of employment may be contingent upon the results of such an examination and I am willing to have this application notarized if I am to be hired.

Signature _____ Date _____