



OFFICE OF HUMAN RESOURCES
 5 CHELSEA PLACE
 CLIFTON PARK, NY 12065-3240
 518-881-0650

**CLASSIFIED POSITIONS
 APPLICATION FOR EMPLOYMENT**

PERSONAL

Last Name	First Name	Middle	SSN
Street	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Position		Days/Hrs. Available to Work	
Special Training or Skills (computer, languages, etc.)			

EDUCATION

School	Name/Location of School	Course of Study	No. of Yrs. Completed	Degree or Diploma
High School				
College				
Other				

REFERENCES

Name	Title	Address	Phone Number

Are you legally eligible for employment in this country? Yes No

(In accordance with the Immigration Reform and Control Act of 1986, upon employment you will be asked to produce two original forms of identification.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employment:

Company Name:		Telephone:
Address:		Employed (month & year):
		From: To:
		Weekly Pay:
Name of Supervisor:		Start: Last:
		Reason for Leaving:
State Job Title and Describe Your Work:		

Company Name:		Telephone:
Address:		Employed (month & year):
		From: To:
		Weekly Pay:
Name of Supervisor:		Start: Last:
		Reason for Leaving:
State Job Title and Describe Your Work:		

Company Name:		Telephone:
Address:		Employed (month & year):
		From: To:
		Weekly Pay:
Name of Supervisor:		Start: Last:
		Reason for Leaving:
State Job Title and Describe Your Work:		

Company Name:		Telephone:
Address:		Employed (month & year):
		From: To:
		Weekly Pay:
Name of Supervisor:		Start: Last:
		Reason for Leaving:
State Job Title and Describe Your Work:		

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	Yes	No
1) Have you ever resigned from a position rather than face disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has any disciplinary action been brought against you which resulted in you being discharged from employment?	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been convicted of any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you now under charges for any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever had a teaching credential revoked, suspended or annulled?	<input type="checkbox"/>	<input type="checkbox"/>
8) Is your teaching or coaching certification currently valid?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the questions above, provide, on a separate sheet, the specifics or an explanation for the response. If you elect not to provide specifics, however, or if such an explanation is insufficient, your application may be denied.

I hereby consent and authorize any prior employers, education institutions or persons who have been listed as references in this application to furnish and provide to Shenendehowa School any and all information concerning my background, employment experience, performance and work history; I hereby authorize the delivery of such information to Shenendehowa School and further agree to waive and release any claims for furnishing such information to Shenendehowa School.

AFFIDAVIT

Under penalties of perjury, I declare and affirm the statements made in the foregoing application, including accompanying statements and transcriptions, are true and correct.

Date: _____

(signature of applicant)

NOTICE

Our acceptance of this application is no guarantee that you will receive an appointment.