

Schoharie Central School

APPLICATION FOR EMPLOYMENT

| | |
|---------------------------|-------|
| OFFICE USE ONLY | |
| Application Received Date | _____ |
| Fingerprint Verification | _____ |
| Board Approval Date | _____ |

SCHOHARIE CENTRAL SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. THIS APPLICATION WILL NOT BE USED FOR LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. APPLICANTS REQUIRING REASONABLE ACCOMMODATION IN THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE SCHOOL.

PLEASE PRINT AND COMPLETE THIS FORM IN DETAIL. BE SPECIFIC AND FILL IN ALL APPROPRIATE AREAS. (ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE)

POSITION APPLYING FOR: _____

NAME: _____
 ADDRESS: _____

 TELEPHONE #: _____

DATE OF APPLICATION: _____
 YEARS AT THIS ADDRESS: _____
 E-MAIL ADDRESS: _____
 SOCIAL SECURITY #: _____

| | STREET ADDRESS | CITY/STATE/ZIP | HOW LONG |
|---|----------------|----------------|----------|
| LIST PRIOR ADDRESSES OVER PAST FIVE YEARS | 1. _____ | _____ | _____ |
| | 2. _____ | _____ | _____ |

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY SCS? YES NO IF YES, WHEN AND WHERE _____

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? YES NO IF NO, EXPLAIN _____

EDUCATION

| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | MAJOR SUBJECTS STUDIED | FULL-TIME OR PART-TIME | # OF CREDIT HOURS COMPLETED | GRADUATE YES OR NO | DEGREE RECEIVED (TYPE) |
|----------------|-----------------------------|------------------------|------------------------|-----------------------------|--------------------|------------------------|
| SCHOOL | _____ | _____ | _____ | _____ | _____ | _____ |
| COLLEGE | _____ | _____ | _____ | _____ | _____ | _____ |
| COLLEGE | _____ | _____ | _____ | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ | _____ | _____ | _____ |

CERTIFICATIONS

INITIAL _____ PROFESSIONAL _____ PERMANENT _____ TRANSITIONAL _____ IN PROGRESS _____

CERTIFICATION AREAS: _____ EFFECTIVE DATES: _____

C. HAVE YOU EVER HAD AN APPLICATION FOR A TEACHING, PROFESSIONAL OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) IN NEW YORK OR ANY OTHER JURISDICTION DENIED?

YES NO

D. HAVE YOU EVER SURRENDERED A TEACHING, TEACHING ASSISTANT, PROFESSIONAL, OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) OR HAD SUCH CREDENTIAL REVOKED, SUSPENDED, INVALIDATED OR OTHERWISE SUBJECTED TO A DISCIPLINARY PENALTY IN ANY JURISDICTION?

YES NO

E. HAVE YOU EVER BEEN FOUND GUILTY AFTER TRIAL, OR PLEADED GUILTY, NO CONTEST, NOLO CONTENDERE, OR HAD ADJUDICATION WITHHELD TO A CRIME (FELONY OR MISDEMEANOR) IN ANY COURT?

YES NO

F. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGE(S) PENDING AGAINST YOU?

YES NO

Multiple horizontal lines for providing additional information or details.

NYS Law requires that all new school district employees be fingerprinted for clearance, prior to working within the school. Applicants are responsible for all fingerprinting fees. Upon appointment, new hires will be required to produce identification in accordance with the Immigration Reform and Control Act of 1985.

WHEN INDICATED, I HEREBY AUTHORIZE THE SCHOHARIE CENTRAL SCHOOL DISTRICT TO MAKE ANY INVESTIGATION OF MY PAST EMPLOYMENT, AND I FURTHER WAIVE THE RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES. I FURTHER RELEASE THAT PREVIOUS EMPLOYER FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE RESPONSE(S) OF QUESTIONS FROM SCHOHARIE CENTRAL AS TO MY PREVIOUS EMPLOYMENT. ALL STATEMENTS BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT.

The Schoharie Central School District does not discriminate on the basis of age, race, color, national origin, gender, disability, marital status, sexual orientation, or association membership in employment or any of the educational programs and activities which it offers or operates, as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans With Disabilities Act of 1990, and the NYS Human Rights Laws.

Applicant's Signature: _____

Date: _____