

ALDEN CENTRAL SCHOOL DISTRICT
SUPPORT STAFF
Application for Employment
13190 Park Street
Alden, NY 14004
716-937-9116
www.aldenschools.org

| | |
|----------------|-------|
| I-9 | _____ |
| IT-2104 | _____ |
| W-4 | _____ |
| ERS | _____ |
| P-08 | _____ |
| P-01 | _____ |
| Fingerprinting | _____ |
| CS Oath | _____ |

PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM:

This application form is an important part of the employment process. Candidates for any position may be eliminated on the basis of comparative evaluation of applications. Please fill out in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide detail as you wish by adding extra sheets of information or a resume. False, incomplete or inaccurate information is cause for disqualification or discharge. Thank you for your interest in the Alden Central School District.

PERSONAL INFORMATION

Date: _____ e-mail Address: _____

Name: _____

| | | | |
|------|-------|--------|-------------|
| Last | First | Middle | Maiden Name |
|------|-------|--------|-------------|

Address: _____

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Home Phone: _____ Cell Phone: _____

FULL TIME ___
PART-TIME ___
SUBSTITUTE ___

APPLYING FOR POSITION AS:

| | | |
|--------------------------------|----------------------|---------------------|
| _____ School Monitor/Cafeteria | _____ Computer Tech | _____ Bus Driver |
| _____ Cleaner | _____ Custodian | _____ Bus Attendant |
| _____ Clerical | _____ Teacher's Aide | _____ School Nurse |
| _____ Other _____ | | |

GENERAL INFORMATION

Are you 18 years or older? _____ yes _____ no

Are you legally authorized to work in the United States? _____ yes _____ no

Have you ever been convicted of crime? _____ yes _____ no

Are there any arrests pending disposition against you? _____ yes _____ no

Have you been fingerprinted in a New York Public School District? _____ yes _____ no

If Yes – Where and When: _____

Have you taken a County Civil Service examination? _____ yes _____ no Title of Exam: _____

RETIREMENT SYSTEM INFORMATION

Are you a member of New York State Employees' Retirement System? _____ yes _____ no

If yes, New York State Employees' Retirement Number. _____

Alden Central School is an Equal Opportunity Employee and does not discriminate because of race, color, religion, national origin, sex, age, disability or marital status

List previous employers, starting with most recent.

| | |
|---|---------------------------------|
| EMPLOYER NAME: | Dates of Employment(month/year) |
| Address: | From:_____ To:_____ |
| Supervisor's Name: | |
| Duties: | Job Title: |
| May we contact present employer? ____yes ____no | Telephone #: |
| If no longer employed, why did you leave this position? | |
| EMPLOYER NAME: | Dates of Employment(month/year) |
| Address: | From:_____ To:_____ |
| Supervisor's Name: | |
| Duties: | Job Title: |
| May we contact present employer? ____yes ____no | Telephone #: |
| If no longer employed, why did you leave this position? | |
| EMPLOYER NAME: | Dates of Employment(month/year) |
| Address: | From:_____ To:_____ |
| Supervisor's Name: | |
| Duties: | Job Title: |
| May we contact present employer? ____yes ____no | Telephone #: |
| If no longer employed, why did you leave this position? | |

EDUCATIONAL EXPERIENCE

List name and location of schools attended and highest grade completed.

| Name and Address | | Degree/Grade Completed |
|------------------|--|------------------------|
| High School | | |
| College(s) | | |
| | | |
| Trade School | | Specialty |

SKILLS

List specific skills you possess for the position. You may include volunteer work or work performed without compensation.

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| |

REFERENCES

References are a very important part of your application. Please complete this section. Information will be used in evaluating your application. Use business-related references, particularly of people who supervised/evaluated your job performance.

| | Name | Address | Business | Telephone Numbers |
|---|------|---------|----------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Have you ever been fired, asked to resign or been terminated from any job? _____yes _____no If yes, please explain_____

Have you ever worked for the Alden Central School District? _____ Yes _____ no If yes, what years and in what position?

If hired, hours, location and work schedule are subject to change as the needs of school district may require. In view of this, please list when you are able to work:

_____ any shift _____ days _____ afternoon _____ nights

Travel restrictions will limit my location to:

Alden Primary _____ Alden Intermediate _____ Alden Middle _____ Alden High School

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Alden School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application of all 4 pages and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Alden School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility. In the event that I am employed, I agree to conform to and follow all the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee to NYSED and any other fees required to so effectuate this process.

This employment application will remain active for a period of three (3) years unless updated by the applicant through a letter and/or resume.

SIGNATURE OF APPLICANT

DATE