

**ALDEN CENTRAL SCHOOL DISTRICT  
SUPPORT STAFF  
Application for Employment  
13190 Park Street  
Alden, NY 14004  
716-937-9116  
[www.aldenschools.org](http://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.**

<b>EMPLOYER NAME:</b>	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?	
<b>EMPLOYER NAME:</b>	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?	
<b>EMPLOYER NAME:</b>	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.


**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



Department of Motor Vehicles

ARTICLE 19-A BUS DRIVER APPLICATION
(Complete all parts of this form. Please print or type.
Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DS-870 (6/15)

DRIVER INFORMATION

Form section for Driver Information including fields for Driver's Last Name, First, M.I., Date of Birth, Social Security Number, Street Address, City, State, Zip Code, County, Telephone Number, Client ID Number, State, Class of Driver License, Endorsements, Restrictions, and Expiration Date.

CARRIER INFORMATION

Form section for Carrier Information including fields for Carrier/DBA Name, Legal Name, Federal ID Number, 19A Business ID Number, Street Address, City, State, Zip Code, County, Telephone Number, and Name of Article 19-A Contact Person.

ADDITIONAL DRIVER INFORMATION

Text section for Additional Driver Information with questions: 1. Have you qualified as a school bus driver under ARTICLE 19-A? 2. Are you a certified ARTICLE 19-A examiner?

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

Table with 3 columns: Employer Name and Address, What were the date(s) of your employment (From - To), and Your job title.

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

Table with 4 columns: Date of Accident, Location (City, State, Zip Code, County), Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured., and What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):

Table with 5 columns: Date of Violation, Location (City, State, Zip Code, County), Date of Conviction, Of what charge were you convicted?, and If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver [Signature] Date
EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles.

Signature of Employer/Agent [Signature] Date

www.dmv.ny.gov





# Alden Central School District

Transportation Department  
1648 Crittenden Road, Alden, NY 14004  
(716) 937-9116 ext. 4500 (716) 937-3486 fax  
[www.aldenschools.org](http://www.aldenschools.org)

*The Laws of the State of New York require that the moral character and reliability of a school bus driver must be attested to by at least three individuals of personal acquaintance and not related to the individual by blood or marriage. We ask your cooperation in assisting us to meet this requirement of the law in completing this form.*

Thank you.

Debbie Hoffman

Supervisor of Transportation

Applicant: \_\_\_\_\_

1. How long have you known this applicant \_\_\_\_\_ years?
2. To the best of your knowledge has the applicant ever been arrested for offenses other than traffic violations?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you criticism of the applicants' reliability? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you any criticism of the applicant's moral character? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above statement is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_



# Alden Central School District

Transportation Department  
1648 Crittenden Road, Alden, NY 14004  
(716) 937-9116 ext. 4500 (716) 937-3486 fax  
[www.aldenschools.org](http://www.aldenschools.org)

*The Laws of the State of New York require that the moral character and reliability of a school bus driver must be attested to by at least three individuals of personal acquaintance and not related to the individual by blood or marriage. We ask your cooperation in assisting us to meet this requirement of the law in completing this form.*

Thank you.

Debbie Hoffman

Supervisor of Transportation

Applicant: \_\_\_\_\_

1. How long have you known this applicant \_\_\_\_\_ years?
2. To the best of your knowledge has the applicant ever been arrested for offenses other than traffic violations?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you criticism of the applicants' reliability? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you any criticism of the applicant's moral character? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above statement is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_



# Alden Central School District

Transportation Department  
1648 Crittenden Road, Alden, NY 14004  
(716) 937-9116 ext. 4500 (716) 937-3486 fax  
[www.aldenschools.org](http://www.aldenschools.org)

*The Laws of the State of New York require that the moral character and reliability of a school bus driver must be attested to by at least three individuals of personal acquaintance and not related to the individual by blood or marriage. We ask your cooperation in assisting us to meet this requirement of the law in completing this form.*

Thank you.

Debbie Hoffman

Supervisor of Transportation

Applicant: \_\_\_\_\_

1. How long have you known this applicant \_\_\_\_\_ years?
2. To the best of your knowledge has the applicant ever been arrested for offenses other than traffic violations?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you criticism of the applicants' reliability? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you any criticism of the applicant's moral character? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above statement is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_