

**NORWOOD-NORFOLK CENTRAL DISTRICT
NORWOOD, NEW YORK
(315) 353-6631**

APPLICATION FOR EMPLOYMENT

SUPPORT PERSONNEL

NAME _____
 First Middle Last

ADDRESS _____

CITY & STATE _____ ZIP CODE _____

POSITION OF _____
(Indicate Title: Secretary, Aide, Cafeteria, Cleaner, Bus Driver)

The Norwood-Norfolk Central School District is an Equal Opportunity and an Affirmative Action Employer according to Civil Rights Legislation and Title IX. Contact Title IX Compliance Officer in the District in case of questions.

For Office Use Only (11/12)

Application Received: _____

Name _____
First Middle Last

Address _____

Telephone: () _____

Social Security Number _____ Are you a citizen of the United States: _____

Are you a member of the New York State Employees' Retirement System? _____

If yes, indicate retirement number and tier: Number _____ Tier _____

Do you have New York State Education Department Fingerprint Clearance? _____ Yes _____ No

Were you ever in the Military? _____ Yes _____ No
If yes: Branch _____ Dates _____

Discharge received _____ Rank _____

Describe any job related training received in the United States Military: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offences?
Yes _____ No _____ If yes, explain: _____

On what date would you be available to begin? _____

Have you ever been bonded?: Yes _____ No _____

If yes, for what position? _____

Bus Drivers Only: Do you possess a CDL?: Yes _____ No _____

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Summarize special job-related skills and qualifications acquired from employment or other experiences: _____

EDUCATIONAL BACKGROUND:

High School: _____

Address _____

Graduated: Yes _____ No _____ Years Attended _____ Diploma _____

Undergraduate School: _____

Address _____

Course of Study _____ Years Attended _____ Diploma _____

Graduate School: _____

Address _____

Course of Study _____ Years Attended _____ Diploma _____

Other (specify) _____

WORK EXPERIENCE: (May we contact your present employer? Yes _____ No _____)

Employer: _____ Telephone _____

Address _____

Job Title _____ Supervisor _____

Dates Employed _____

Employer: _____ Telephone _____

Address _____

Job Title _____ Supervisor _____

Dates Employed _____

Employer: _____ Telephone _____

Address _____

Job Title _____ Supervisor _____

Dates Employed _____

REFERENCES:

1. _____
Name Profession Phone

Address

Relationship Known for how long?

2. _____
Name Profession Phone

Address

Relationship Known for how long?

3. _____
Name Profession Phone

Address

Relationship Known for how long?

What do you consider the most important qualities, talents, or characteristics which you have to bring to this position? Please present your thoughts briefly.

I attest to the fact that all information in this application is true and accurate.

I grant my permission to the Norwood-Norfolk Central School District to contact former and current employers, law enforcement agencies, educational institutions, licensing/certifying agencies, and personal references. I authorize any and all of the above individuals and agencies to provide Norwood-Norfolk Central School District with the information requested, as long as the information given is relevant to the job duties/responsibilities for which I have applied, and hereby release from liability any such individual or agency contacted by the Norwood-Norfolk Central School District in connection with my application.

Signature _____ Date _____

