

LAFARGEVILLE CENTRAL SCHOOL

INSTRUCTIONAL SUPPORT EMPLOYMENT APPLICATION

Travis Hoover
Superintendent

Jaycee Welsh
Steven Newcombe
Principals

P.O. Box 138, 20414 Sunrise Avenue
LaFargeville, NY 13656
Phone: (315) 658-2241
Fax: (315) 658-4223

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the LaFargeville CSD.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

*Please do not provide any personal information except that which is specifically requested on the employment application.

NAME: _____ SOC. SEC. # (OPTIONAL)* _____ - _____ - _____
*for payroll purposes only

FORMER NAME(S) _____
For purposes of verifying work and education records.

MAILING ADDRESS: _____ HOME PHONE: () _____
WORK PHONE: () _____

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? _____ Yes _____ No
If yes, what system? _____
What is your number? _____

CIVIL SERVICE STATUS: are you currently on an active Civil Service List? _____
If yes, which list? _____

ARE YOU A MEMBER OF A VOLUNTEER FIRE DEPARTMENT? _____
Name of Fire Company _____

EMPLOYMENT HISTORY

Employer	From-To	Position	Supervisor	Reason for Leaving

EDUCATION

School Name and Location Course of Study Diploma/Degree or Grade Completed

EMPLOYER & PERSONAL REFERENCE

Name and Occupation Address Phone

MILITARY EXPERIENCE: Branch of Service Rank/Specialty Dates of Service: From To

LICENSES

I hold a New York State current license/registration for the following:

Area Expiration Date

Applicant must provide original N.Y.S. license/registration at time of hire.

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) Yes No

If yes, please explain: _____

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES AND REPRIMANDED, SUSPENDED, FINED, DEMOTED OR DISCHARGED UNDER SECTION 75 OF THE NEW YORK STATE CIVIL SERVICE LAW? (If you answered yes to this question, you will not necessarily be disqualified as an applicant for employment)

Yes No
If you answered yes to the above question, please state in detail the action taken against you: _____

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

Yes No
If yes, please explain: _____

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that the LaFargeville Central School District will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorized all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by LaFargeville Central School District, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the district. I am also aware that I may resign from employment at any time by giving notice within the prescribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the district, I agree to conform to the rules and regulations of the district as set forth in the district handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the district at any time at the district's sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the LaFargeville Central School District, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Fingerprinting Law (2000 N.Y. Laws, Chapter 180), I understand that I will be discharged by the district, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: _____

Date: _____

Print Name: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

LAFARGEVILLE CENTRAL SCHOOL

**WAIVER AND RELEASE FOR APPLICANT
BACKGROUND CHECK**

By signing below, I, _____, hereby authorize the LaFargeville Central School District to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize the district to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the district.

Signature

Date

Print Name

Note: *If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.*