

MADRID-WADDINGTON CENTRAL SCHOOL
Madrid, New York 13660
APPLICATION (Applications will be kept on file for 2 yrs.)

Date _____ 20 _____

Clerical _____ Custodial _____ Transportation _____ Cafeteria _____ Aide _____

Name _____ Social Security # _____

Present Address _____ Telephone # _____

Permanent Address _____ Telephone _____

Work Telephone _____

EDUCATION	Name/location of School	Years Attended	Date Graduated	Subjects Studied	Degree
High School					
College					
Trade, Business, Correspondence School Graduate					

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this school before? Yes / No When _____

FORMER EMPLOYERS (list below last three employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for leaving
From To				
From To				
From To				

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

Name	Address	Business	Phone	Years Acquainted
1				
2				
3				

CERTIFICATION – (professional employees only)

Subject Field _____ Initial _____

Date Received _____ Permanent _____

Have you completed the Fingerprint/Background Clearance process with the NYS Education Department? Yes / No (Circle one)

Are you a member of the Employees' Retirement System (ERS)? Yes / No (Circle one)
If yes, please provide your Retirement System # _____, or a copy of your membership card.

Have you been a member of the Armed Forces of the United States? Yes _____
No _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

COMMENTS: