

MADRID-WADDINGTON CENTRAL SCHOOL
Madrid, New York 13660
SCHOOL RELATED PERSONNEL
APPLICATION (Applications are kept on file for 2 years)

Please indicate position(s) applying for:

Clerical _____ Custodial _____ Bus Driver _____ Cafe _____ Teaching Asst _____ Mechanic _____ Monitor _____

Name _____ P.O. Box _____

Physical Address _____ City/Town _____ State _____ Zip Code _____

Telephone # _____ Cell Phone #: _____

Work Telephone: _____ Email address: _____

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

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Are you employed now? Yes / No If so, may we inquire of your present employer? _____

Have you previously applied to this school before? Yes / No When _____

TEACHING ASSISTANT CERTIFICATION: Level I _____ Level II _____ Level III _____

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 _____

License or special certifications – any prior experience that you would like to further explain?

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

| Date Month / Year | Name and Address of Employer | Position | Reason for leaving |
|------------------------------|-------------------------------------|-----------------|---------------------------|
| From To | | | |
| From To | | | |
| From To | | | |

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

| Name | Address | Business | Phone | Years Acquainted |
|-------------|----------------|-----------------|--------------|-----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

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

Application Received: _____

Interviewed by _____ **Date** _____

COMMENTS: