

**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 \_\_\_\_\_ Social Security # \_\_\_\_\_

Physical Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

EDUCATION	Name/location of School	Years Attended	Date Graduated	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: