



SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT

6 Bluebird Road, South Glens Falls, NY 12803
South Glens Falls, New York 12803-5704

Business Office: (518) 793-9619
Fax: (518) 761-0723
Website: www.sgfcasd.org

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: Food Service Department _____
Operations & Maintenance: _____
Cleaning _____
Grounds _____
Maintenance _____
Substitute Cleaners _____
School Bus Aide _____
School Bus Driver* _____

****If you are applying for a Bus Driver position, please complete driving information on last page of application.***

APPLICATIONS FOR TEACHER AIDES, NURSES AND CLERICAL MUST BE FILLED OUT ON www.OLASjobs.org PLEASE ANSWER ALL QUESTIONS COMPLETELY IN YOUR OWN HANDWRITING AND PRINT LEGIBLY.

GENERAL INFORMATION:

Name: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State/Zip)

How long have you lived at your present address? _____

Phone/Cell Phone #: () _____ E-Mail: _____

Are you a United States citizen? Yes _____ No _____ Social Security # _____

Are you willing to take a physical examination? Yes _____ No _____

EDUCATION AND TRAINING:

Highest Grade Attended: (Please check) Below 6 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ Above 12 ___

High School Attended: _____

Address: _____

Major Course of Study: _____ Graduate: Yes _____ No _____ GED _____

College(s) Attended: Name: _____
Location: _____

No. of Years Attended: _____ Major: _____

Graduate: _____ Yes _____ No _____ Degree: _____

Name: _____

Location: _____

No. of Years Attended: _____ Major: _____

Graduate: Yes _____ No _____ Degree: _____

Specify any other specialized training or experience which would better qualify you for this position:

EMPLOYMENT RECORD: *List employment for the past 10 years starting with most recent position.*

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____		Company Name & Address	
Position Name:			
Immediate Supervisor Name:		Briefly Describe Duties Performed:	
Phone No.:		Beginning Salary:	Ending Salary:
Reason for Leaving Position:			

REFERENCES: List at least three different individuals who are not related to you either by blood or marriage:

Name: _____		Name: _____	
Address: _____		Address: _____	
_____		_____	
Title:	Phone:	Title:	Phone:

Name: _____		Name: _____	
Address: _____		Address: _____	
_____		_____	
Title:	Phone:	Title:	Phone:

Names of relatives in our employ: _____

Names of personal acquaintances in our employ: _____

BACKGROUND INFORMATION:

Veteran of U.S. Military: Yes ___ No ___ Discharge Type: _____

Branch: _____ Discharge Date: _____

Have you ever been fingerprinted for the purpose of employment? Yes ___ No ___
If Yes, where? _____ When? _____

Have you been cleared by the New York State Education Department? Yes ___ No ___

Are you legally eligible for employment in this country? Yes ___ No ___
(If hired, 2 original forms of identification are required to be submitted.)

Have you ever been convicted of a crime (felony or misdemeanor)?
Yes ___ No ___ If Yes, see convictions section below.

Are any criminal charges pending against you? Yes ___ No ___

Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?
Yes ___ No ___

Have you ever been disqualified for employment for any civil service position? Yes ___ No ___

Have you ever been discharged or required to resign from any position (other than staff reduction layoffs)?
Yes ___ No ___

Have disciplinary charges ever been preferred against you by an employer? Yes____ No____
If yes, were the charges sustained? Yes____ No____

Have you ever resigned as an alternative to facing charges or dismissal? Yes____ No____

Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints, or medical record? Yes____ No____

Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record? Yes____ No____

Has a Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? (If yes, complete the confidentially held information below):

Date and nature of the finding: _____

Name of the court: _____

Name of the judge: _____

CONVICTIONS:

Charge: _____

Court: _____

Year: _____

Conviction: _____

APPLICANT'S STATEMENT: (*Knowingly making a false statement on this application is a misdemeanor.*)

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the South Glens Falls Central School District to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the South Glens Falls Central School District to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

Applicant's Signature

Date_____

RETURN COMPLETED APPLICATION TO:

**Audrey P. Varney, Business Manager
South Glens Falls Central School District
6 Bluebird Road
South Glens Falls, New York 12803-5704**

The South Glens Falls Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, sex, disability, or sexual orientation in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 or New York State Executive Law 296. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications, or discrimination in connection with those listed areas. The Compliance Officer for Title IX and Section 504 can be contacted at South Glens Falls Central School District, 6 Bluebird Road, South Glens Falls, New York 12803.

DRIVING INFORMATION - FOR SCHOOL BUS DRIVERS ONLY

Class of Driver's License: _____ License Expiration Date: _____
(NYS Commercial Drivers License required under DMV Article 19A)

Motorist Identification Number: _____ State of Issuance: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. How many years have you driven? _____

2. During the past five years, have you ever had an accident while driving which resulted in injuries to yourself or others?

Yes _____ No _____ If yes, describe: _____

3. During the past three years, have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act? Yes _____ No _____

If yes, please complete the following:

<u>Date</u>	<u>Charge</u>	<u>Court/Location</u>
_____	_____	_____
_____	_____	_____

4. Number of years of active driving experience: _____ Years
Number of years driving passenger bus or heavy truck _____ Years
Number of years driving light truck or station wagon: _____ Years

5. Do you use intoxicants? Frequently _____ Seldom _____ Never _____

6. Do you use drugs? Frequently _____ Seldom _____ Never _____

7. Have you ever had convulsions or periods of unconsciousness? Yes _____ No _____

TRAINING:

Have you ever attended a Bus Driver Training Course? Yes _____ No _____

If yes, please list date, name, place and duration of each training course:

<u>Date</u>	<u>Course</u>	<u>Place Given</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____

For School District Use Only:

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of School Bus Driver for the school year 20__-20__ for the South Glens Falls Central School District. I hereby approve his/her employment. (New York State Education Department requirements.)

Transportation Supervisor

Date _____