

# MINISINK VALLEY CENTRAL SCHOOL DISTRICT

## APPLICATION FOR EMPLOYMENT

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Please sign and date this application. Please print.

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Position applying for \_\_\_\_\_

Full-Time  Part-Time

Would you like to be put on our substitute list? \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_

Do you have any special training or skills? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No

Have you been convicted of a crime in the last seven years?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been charged in Section 75 Proceedings?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had a teaching credential revoked, suspended or annulled?  Yes  No

### EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Past Employer \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School \_\_\_\_\_ Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ Diploma \_\_\_\_\_  
College \_\_\_\_\_ Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree \_\_\_\_\_  
Tech/Other \_\_\_\_\_ Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please furnish full addresses with zip codes for all references.

Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

**MILITARY SERVICE**

Were you ever in the United States Armed Forces?  Yes  No  
Dates of Service \_\_\_\_\_  
Discharge Date \_\_\_\_\_  
Did you ever receive a discharge other than honorable?  Yes  No

**ADDITIONAL QUALIFICATIONS**

Please list any skills, training or licenses which may be applicable to your employment: \_\_\_\_\_  
\_\_\_\_\_

Equal access to programs, services, and employment is available to all persons. If a reasonable accommodation is required, please state the nature of the reasonable accommodation: \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I HEREBY AFFIRM THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature Date