



**CLASSIFIED EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name: _____	Application Date: _____
Address _____	Home Phone: _____
	Cell Phone _____
NYS Retirement System Member: Yes ____ No ____	Work Phone: _____
NYS Retirement System Member # _____	E-mail Address: _____

**POSITION(S) PREFERENCE (circle)**

Clerical	Bus Driver	Health Office/LPN
Substitute Clerical	Cleaner	R.N.
Teacher Aide	Custodial Work	Other: _____
School/Bus/Recess Monitor		

**EDUCATIONAL PREPARATION (copies of all diplomas and/or college transcripts must be provided)**

High School: _____	Date of Graduation: _____
College: _____	Date of Graduation: _____
From: _____ To: _____ Degree: _____	Major/Minor: _____
Tech School: _____	Date of Graduation: _____

**CURRENT EMPLOYMENT INFORMATION**

Employer: _____	
Address: _____	
Phone Number: _____	From/To: _____

**OTHER EXPERIENCE**

Position: _____	Position: _____
School: _____	School: _____
Grade(s): _____	Grade(s): _____
Subject: _____	Subject: _____
To/From: _____	Time: _____
Reason for Leaving: _____	Reason for Leaving: _____



**OTHER EXPERIENCE**

Position: _____	Position: _____
School: _____	School: _____
Grade(s): _____	Grade(s): _____
Subject: _____	Subject: _____
To/From: _____	To/From: _____
Reason for Leaving: _____	Reason for Leaving: _____

**CLASSIFIED POSITIONS/AIDE/MONITOR**

Indicate Experiences that qualify you for working with students in a supervisory or instructional setting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH OFFICE ASSISTANT/LPN/RN**

Do you have current LPN/RN certification?	Yes	No	Expiration Date: _____
Do you have any experience working with children?	Yes	No	
Do you have any office work experience?	Yes	No	
Are you interested in substitute work in this area?	Yes	No	

**CLERICAL**

Do you have any computer skills? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Your average typing speed: \_\_\_\_\_ W.P.M. Do you take shorthand? \_\_\_\_\_ If yes, speed: \_\_\_\_\_ W.P.M.

Do you have experience in Purchasing, Account Payable or Payroll? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you taken any Civil Service examinations for clerical positions? Yes No

When: \_\_\_\_\_ Where: \_\_\_\_\_

Title(s): \_\_\_\_\_ Score(s) \_\_\_\_\_

Are you interested in substitute work in this area? Yes No

**CLEANER/CUSTODIAL WORKER/BUS DRIVER**

Have you had experience or training in institutional cleaning? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever supervised other in an institutional cleaning operations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you taken any Civil Service examinations for clerical positions? Yes No

When: \_\_\_\_\_ Where: \_\_\_\_\_

Title(s): \_\_\_\_\_ Score(s) \_\_\_\_\_

Are you interested in substitute work in this area? Yes No



**MAINTENANCE AND SPECIAL SKILLS** (*job titles in this area: groundskeeper, automotive mechanic, plumber, carpenter, electrician, etc.*)

Indicate experience or training that qualifies you for your area of preference: \_\_\_\_\_

Type of Driver's License: \_\_\_\_\_ Have you been charged with moving traffic violations (reckless driving, speeding, etc.) within the last 5 years or with any criminal act? \_\_\_\_\_ If yes, explain:

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_ Court and Locations: \_\_\_\_\_

**BUS DRIVER** (*answer the following if applying for Regular or Substitute Bus Driver*)

Class of Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Motorist Identification No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Attach to this application form at least three(3) statement from three (3) different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability (State Ed Department requirement)

Have you ever had an accident while driving, which resulted in injuries to yourself or others? Yes No

If yes, describe in detail: \_\_\_\_\_

Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list below:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Court and Location: \_\_\_\_\_

Active Driving Experience: School Bus \_\_\_\_\_ years

Passenger of Heavy Truck \_\_\_\_\_ years

Light Truck or Station Wagon \_\_\_\_\_ years

Do you use intoxicants? Frequently Seldom Never

Do you use drugs? Frequently Seldom Never

Have you ever had any convulsions or periods of unconsciousness? Yes No

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above named application for the position of Bus Driver for the school year \_\_\_\_\_.

I hereby recommend his/her employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transportation Supervisor



**REFERENCES** *(must provide at least three)*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(current supervisor - may we contact now? Yes/No)*

Position: \_\_\_\_\_  
 Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_

1. Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

2. If you are not a U.S. Citizen, do you have the legal right to accept employment? Yes \_\_\_ No \_\_\_  
 (Upon employment you will be asked to produce two original forms of identification)

3. Are you a Veteran? Yes \_\_\_ No \_\_\_ Branch of Service: \_\_\_\_\_

4. Are you a Volunteer Fireman? Yes \_\_\_ No \_\_\_

5. Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_ No \_\_\_

6. Are any criminal charges pending against you for any offense as a defendant? Yes \_\_\_ No \_\_\_

7. Have you ever forfeited bail or bond following your appearance as a defendant? Yes \_\_\_ No \_\_\_

8. Have you ever received an unsatisfactory rating in conjunction with employment? Yes \_\_\_ No \_\_\_

9. Have you ever been disqualified for employment for any civil service position? Yes \_\_\_ No \_\_\_

10. Have you ever been discharged or required to resign for any position (other than layoff due to reduction in workforce)? Yes \_\_\_ No \_\_\_

11. Have you ever resigned as an alternative to facing charges or dismissal? Yes \_\_\_ No \_\_\_

12. Have charges ever been preferred against you by an employer? Were the charges sustained? Yes \_\_\_ No \_\_\_

13. Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprint or medical record? Yes \_\_\_ No \_\_\_



14. Have you ever had a professional certificate or license denied, revoked, or suspended by any government agency as a result of your record? Yes \_\_\_ No \_\_\_

15. Has the Family Court or any other court rendered a finding indicating that you have abused or neglected a child? If so, indicate on a confidential attachment the date and nature of the finding, name of court and name of judge. Yes \_\_\_ No \_\_\_

Explanation: \_\_\_\_\_

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

The Pocantico Hills Central School District does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, veteran status, or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the respective school district.

If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date