

Haldane Central School District  
 15 Craigsides Drive  
 Cold Spring, New York 10516  
 845-265-9254 FAX 265-9213

**APPLICATION FOR NON-CERTIFIED POSITION**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>
<b>Current Address:</b> _____		
_____	_____	_____
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home/Cell Phone:</b>		
<b>Email Address:</b>		
<b>PLACEMENT INFORMATION</b>		
<b>Position applying for:</b> _____		
<b>Type of Employment:</b> Full Time _____ Part Time _____ Substitute _____		

**EDUCATIONAL BACKGROUND**

HIGH SCHOOL	LOCATION	DATE GRADUATED
POST HIGH SCHOOL EDUCATION OR TRAINING	LOCATION OF SCHOOL	DEGREE OR CERTIFICATE
1.		
2.		

**REFERENCES**

NAME & ADDRESS	POSITION	TELEPHONE BUSINESS & HOME

The Haldane Central School District does not discriminate on the basis of sex, race, creed national origin, age or disability, in its employment, admissions practices, vocational opportunities or access to and treatment in programs of activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973 and Title VI and the Americans with Disabilities Act. Inquiries concerning application of these regulations may be made to the Superintendent of Schools at the Haldane Central School District, 15 Craigsides Drive, Cold Spring, NY 10516 Phone: 845-265-9254

## EMPLOYMENT HISTORY

Begin with most recent first

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b> From _____ To _____
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b> From _____ To _____
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

<b>Employer</b>	<b>Phone #:</b>	<b>Dates Employed</b> From _____ To _____
<b>Address</b>		
<b>Job Title</b>		
<b>Immediate Supervisor</b>		
<b>Reason for Leaving</b>		
<b>May we contact for references? Yes___ No___</b>		

**APPLICANT'S STATEMENT**

I certify that all statements made by me 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 contained therein and the references supplied to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. All appointments are subject to the fingerprinting and criminal background check as required by law.

DATE  
REV. 03/9/2020

SIGNATURE OF APPLICANT \_\_\_\_\_