

**BRENTWOOD UNION FREE SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
Anthony F. Felicio Administration Building
Brentwood, New York 11717**

EMPLOYMENT APPLICATION – SCHOOL FOOD SERVICE

FOR SAFETY REASONS MUST BE ABLE TO REASONABLY SPEAK AND UNDERSTAND ORAL AND WRITTEN INSTRUCTION

PLEASE PRINT

POSITION DESIRED _____

LAST NAME _____

FIRST NAME _____

M.I. _____

MAILING ADDRESS _____

TELEPHONE # _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire. Are you legally eligible to work in the United States? _____

1. Have you ever worked for the Brentwood School District? _____

If yes, please indicate position held. _____

2. Have you ever been convicted of any crime (felony or misdemeanor)? _____

3. Do you have any pending arrests? _____

Signature _____

Date _____

Conviction of a crime will not automatically preclude your employment and other factors will be considered as required by law.

4. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? _____

5. Did you ever resign from any employment rather than face dismissal? _____

6. Did you ever receive a discharge from the Armed Forces of the United States that was other than honorable or was issued under other than honorable circumstances? _____. A dishonorable discharge is not an automatic bar to employment, and other factors will be considered.

If you answered **YES** to questions 1 through 6, you **MUST** give specifics in the **COMMENTS** section below:

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application.

COMMENTS:

Do you speak a language(s) other than English? () Yes () No If yes, state language and what degree of fluency?

SUCCESSFUL COMPLETION OF AN APPROPRIATE MEDICAL EXAMINATION MAY BE REQUIRED.

EDUCATION:

1. Have you graduated from senior high school? _____
Name of School _____
Location _____
2. If you have a high school equivalency diploma, indicate:
Issuing Authority _____
3. If you did **NOT** graduate from high school, indicate highest school year completed _____
4. List College, University or Professional School Attended:
School _____
Degree/Certificate/Credits Received _____
School _____
Degree/Certificate/Credits Received _____

DRIVER'S LICENSE

1. Circle the class of your New York State Motor Vehicle License
1 2 3 4 5 6 A B C D E M
2. Date of Expiration _____ ID Number _____

LICENSES

If you have obtained a license, certificate or other authorization to practice a trade or profession, please fill in below:

1. Name of Trade or Profession _____
2. License Number _____
3. Granted by (licensing agency) _____
4. Specialty _____
5. Date License First Issued _____
6. Registered From _____ To _____

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			

REFERENCES

It is the responsibility of the candidate to make sure all references are on file in the Human Resources Office. (Reference forms are attached. Relatives may not be used as references).

NAME	ADDRESS	TELEPHONE #

PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS WILL BE DISCARDED AT THE END OF THE SCHOOL YEAR

I CERTIFY THAT THE AFOREMENTIONED INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR INCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL REGARDLESS OF THE DATE OF DISCOVERY

DATE: _____ SIGNED _____

THE BRENTWOOD PUBLIC SCHOOLS COMPLIES WITH TITLE IX GUIDELINES AND IS AN EQUAL OPPORTUNITY EMPLOYER.