#### BRENTWOOD UNION FREE SCHOOL DISTRICT

Human Resources Department 52 Third Avenue Brentwood, New York 11717 (631) 434-2331

#### EMPLOYMENT APPLICATION – OFFICE OF FUNDED PROGRAMS

# $\frac{FOR\ SAFETY\ REASONS\ MUST\ BE\ ABLE\ TO\ REASONABLY\ SPEAK\ AND\ UNDERSTAND\ ORAL\ AND\ WRITTEN}{INSTRUCTION}$

PLEA	ASE PRINT			
	POSITION DESIRED	School Monitor		
	Elementary	School Monitor (Assigned		
	Secondary		rst Aid & CPR Certificate Requi	
LAST	ΓNAME	FIRST NAM	E	M.I.
MAI	LING ADDRESS			
TELE	PHONE #	EMAIL:		
the req	uired employment eligibility veri	ons hired will be required to verify id ification document upon hire. Are yo Brentwood School District?	u legally eligible to work in the Un	
	If yes, please indicate position	held.		
2.	Have you ever been convicted	of any crime (felony or misdemeanor	)?	
3.	Do you have any pending arres	sts?		
Sig	gnature		Date	
Convic	ction of a crime will not automatic	cally preclude your employment and	other factors will be considered as	required by law.
4.	Were you ever dismissed or dis	scharged from any employment for re	asons other than lack of work or fu	ands?
5.	Did you ever resign from any e	employment rather than face dismissa	1?	
6.		ge from the Armed Forces of the Unit naces?		
If you	answered YES to questions 1 th	arough 6, you MUST give specifics in	the <b>COMMENTS</b> section below:	
relatio	on to the duties and responsibilities	esents an automatic bar to employment es of the position for which you are a c. A false statement may result in the	oplying. Background investigation	s may be conducted on all
COM	MENTS:			

## **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
	Date
3.	If you did <b>NOT</b> 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
	NSES 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

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			1 age 3
LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	TELEPHONE#
MO. YR. MO. YR.			
FROM / TO /			
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			

TYPE OF BUSINESS			
YOUR EXACT TITLE			
OLIDED //OODIO TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs.	Reason for leaving?		
	readerrier leaving.		
worked per week			
exclusive of overtime	Involuntarily terminated?		
LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	TELEPHONE#
MO. YR. MO. YR.			
FROM / TO /			
	DUTIEC:		
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
OLIDED MOODIO TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs.	Reason for leaving?		
	reason for leaving:		
worked per week			
exclusive of overtime	Involuntarily terminated?		
LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	TELEPHONE#
MO. YR. MO. YR.			
FROM / TO /			
	DUTIEC:		
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
OLIDED MOODIO TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs.	Reason for leaving?		
	Treasurior leaving!		
worked per week			
exclusive of overtime	Involuntarily terminated?		
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## **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).

PLEASE BE ADVISED THAT INCO	MPLETE APPLICATIONS WILL BE DISCAL	RDED AT THE END OF
THE BRENTWOOD PUBLIC SCHO OPPORTUNITY EMPLOYER.	OLS COMPLIES WITH TITLE IX GUIDELIN	IES AND IS AN EQUAL
BEST OF MY KNOWLEDGE. I UN	NTIONED INFORMATION IN THIS APPLICATION OF THE STAND THAT FALSE OR INCOMPLET QUALIFICATION OR DISMISSAL REGARDI	E STATEMENTS SHALL
DATE:	SIGNED	

## SCHOOL MONITOR/BUS MONITOR/HEALTH AIDE REFERENCE FORM DIRECTIONS

ATTACHED IS A REFERENCE FORM.

- PRINT OUT THREE (3) COPIES.
- PRINT YOUR NAME ON EACH REFERENCE FORM BEFORE YOU GIVE THEM OUT.
- PLEASE GIVE THEM TO THREE (3) PEOPLE (ABSOLUTELY NO FAMILY MEMBERS). THEY MUST FILL THEM OUT AND MAIL OR EMAIL TO <u>ARIANNA.RIZZUTO@BUFSD.ORG</u>

BRENTWOOD UNION FREE SCHOOL DISTRICT 52 THIRD AVENUE BRENTWOOD, NY 11717 ATTENTION: HUMAN RESOURCES DEPARTMENT

- YOU MUST NOT MAIL/BRING THEM BACK TO OUR OFFICE YOURSELF AS THEY ARE CONFIDENTIAL AND YOU ARE NOT PERMITTED TO SEE THE COMPLETED FORMS.

THANK YOU FOR YOUR COOPERATION, HUMAN RESOURCES

PLEASE RETURN TO:

Brentwood Union Free School District
Anthony F. Felicio Administration Center
Human Resources Department
52 Third Avenue
Brentwood, NY 11717
(631) 434-2331

is applying for the position of (circle one): School Monitor/

Bus Monitor/Health Aide in the Brentwood Public School District. This position requires the person to supervise and/or work with children. Please give us your most candid opinion of this person's performance in this position. *Your reply will be strictly confidential*.

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	P	F	R	G	L	N
B 10 111	_	_				
Personal Qualities	O	A	A	O	E	O
	O	I	G	O	N	W
	R	R	E	D	T	N
785 A						
Tact						
Use of voice						
0.50 01 10.00						
T 1 1						
Energy level						
Initiative						
D 11 114						
Responsibility						
Trustworthiness						
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Professional and Social Qualities	P O O R	F A I R	A V E R A G E	G O O D	E X C E L L E N	U N K N O W N
Understanding Children						
Speaking English						
Intellectual ability						
Cooperation						
Response to criticism						
Following directions						
Interest in school						
Continuing education						

Is there any reason that the applicant m	night not be successful in this job? Yes	No
If yes, describe		
7	rise or work in a Public School? Yesant and how long have you known him/her?	· · · · · · · · · · · · · · · · · · ·
Your Signature	Today's Date	Your Telephone Number
Printed Name	Your Position	