

RED CREEK CENTRAL SCHOOL DISTRICT
RED CREEK, NEW YORK 13143

APPLICATION FORM - CLASSIFIED PERSONNEL

Send your application to:
Superintendent of Schools
Red Creek Central School
PO Box 190
Red Creek, New York 13143

SUPPLY ALL INFORMATION, EVEN IF CONTAINED ELSEWHERE

Date _____

Name _____
Last First Middle

Address _____ Telephone _____

Social Security Number _____ Are you over 18 years of age? _____

GENERAL DATA

E-Mail Address: _____

Are you a member of the N.Y.S. Retirement System? _____ Retirement Number _____

Do you have a Civil Service rating? _____ If so, what classification(s): _____

Can you perform the duties of the position for which you are applying? _____

Are you now employed? _____ If not, how long since last employment? _____

Please check the general area(s) in which you have aptitude and interest:
 _____ Food Service _____ Secretarial _____ Aide/Monitor _____ Bldg/Grounds _____ Transportation

When will you be available for employment? _____

EDUCATIONAL BACKGROUND

Type of School	Name & Address	Years Attended	Date of Graduation	Course or Major
High School				
College				
Business/Trade				
Other				

Do not write in this space

Specific Position(s) Desired

1. _____
2. _____
3. _____

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE
1.		
2.		
3.		

MILITARY AND WORK EXPERIENCE (List in order, last or present employer first)

Kind of Work	Dates From To	Name & Address of Employer	Immediate Supervisor	Reason for Leaving

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact _____

Have you ever been convicted of a crime other than a minor traffic offense? _____
 If yes, explain: (Use a separate sheet of paper if necessary)

Explain reasons why you would be successful in this position.
 (Use a separate sheet of paper if necessary).

I certify that the statements I have made in this application are true and I am aware that any material and deliberate falsification of fact is grounds for discharge. I also agree to take any future physical examination the district may deem necessary.

 Date

 Signature