



**GLEN COVE
PUBLIC SCHOOLS**

AN EQUAL OPPORTUNITY EMPLOYER

OFFICE OF HUMAN RESOURCES

154 Dosoris Lane

Glen Cove, New York 11542

(516) 801-7040

personnel@glencoveschools.org

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

GENERAL INFORMATION

NAME _____
(LAST) (MIDDLE) (FIRST) (OTHER LAST NAMES USED - IF ANY)

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER (CELL) _____ PHONE NUMBER (HOME) _____

EMAIL ADDRESS _____

SOCIAL SECURITY# _____

POSITION DESIRED (NUMBER IN ORDER OF PREFERENCE)

CUSTODIAL	
FOOD SERVICE WORKER	
OTHER (PLEASE SPECIFY)	
REGISTERED SCHOOL NURSE (MUST HAVE CURRENTLY NYS RN LICENSE)	
SCHOOL MONITOR	
SECRETARIAL/CLERICAL	
SECURITY GUARD	
TEACHING ASSISTANT (MUST HAVE TA CERTIFICATION)	

GENERAL INFORMATION

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

HAVE YOU TAKEN A GLEN COVE CIVIL SERVICE EXAM? YES _____ NO _____

PLEASE STATE TITLE OF EXAM, DATE TAKEN AND GRADE _____

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, DOES YOUR VISA PERMIT YOU TO BE PERMANENTLY EMPLOYED IN THE US?

YES _____ NO _____

HAVE YOU EVER BEEN DISMISSED OR REQUESTED TO RESIGN FROM ANY POSITION?

IF YES, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION, MISDEMEANOR OR FELONY, OTHER THAN A TRAFFIC VIOLATION?

IF YES, EXPLAIN:

ARE YOU A VETERAN OF THE US MILITARY SERVICES? YES _____ NO _____

IF YES, BRANCH _____

MILITARY OCCUPATION _____ DATES OF SERVICE _____

LOCATION OF SERVICE _____

TYPE OF DISCHARGE _____

(IF LESS THAN HONORABLE PLEASE EXPLAIN)

DO YOU SPEAK ANY LANGUAGES IN ADDITION TO ENGLISH? YES _____ NO _____

IF YES, PLEASE SPECIFY _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS DISTRICT? YES _____ NO _____

IF YES, GIVE DATE(S) _____ POSITION(S) _____

HAVE YOU EVER FILED AN APPLICATION WITH THIS DISTRICT BEFORE? YES _____ NO _____

IF YES, GIVE DATE(S) _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE GLEN COVE SCHOOL DISTRICT?

IF YES, GIVE NAME/RELATIONSHIP/POSITION/LOCATION

EDUCATIONAL AND PROFESSIONAL TRAINING (MOST RECENT FIRST)

HIGH SCHOOL AND COLLEGES ATTENDED	MAJOR/PROGRAM	DEGREE	NUMBER OF CREDITS

EMPLOYMENT HISTORY (LIST CHRONOLOGICALLY, ACCOUNT FOR ALL WORK EXPERIENCE)

DATES	TYPE OF WORK	NAME & ADDRESS OF EMPLOYER

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

REFERENCES (PLEASE LIST AT LEAST THREE (3) PERSONS WHO KNOW OF YOUR WORK)

NAME	POSITION	INSTITUTION	PHONE #

READ CAREFULLY BEFORE SIGNING

[AT THE TIME THIS FORM WAS PREPARED, IT WAS IN FULL COMPLIANCE WITH OUR UNDERSTANDING OF ALL APPLICATION REGULATIONS.]

I HEREBY CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE: 1. IF ANY INFORMATION IS OMITTED FROM OR NOT FILLED IN ON THIS APPLICATION, OR IF ANY FALSE INFORMATION IS FURNISHED, THEN THE DISTRICT WILL REJECT MY APPLICATION; 2. IF ANY FALSE INFORMATION IS FURNISHED, THEN I WILL BE INELIGIBLE FOR ANY FUTURE CONSIDERATION FOR EMPLOYMENT AND MAY BE SUBJECT TO CRIMINAL PROSECUTION; AND 3. IF I AM EMPLOYED BY THE DISTRICT, I THEN MAY BE DISMISSED FROM EMPLOYMENT, CRIMINALLY PROSECUTED, AND IF CERTIFIED, MY CERTIFICATE MAY BE REVOKED, IF IT IS LATER DETERMINED THAT I HAVE FURNISHED FALSE INFORMATION ON THIS APPLICATION.

I UNDERSTAND THAT IN ORDER FOR THE SCHOOL DISTRICT TO DETERMINE MY ELIGIBILITY, QUALIFICATIONS AND SUITABILITY FOR EMPLOYMENT, THE SCHOOL DISTRICT WILL CONDUCT A BACKGROUND INVESTIGATION IF I AM CONSIDERED FOR AN OFFER OF EMPLOYMENT. THIS INVESTIGATION MAY INCLUDE ASKING MY CURRENT AND ANY FORMER EMPLOYER(S) AND EDUCATIONAL INSTITUTION(S) I HAVE ATTENDED ABOUT MY EDUCATION, TRAINING, EXPERIENCE, QUALIFICATIONS, JOB PERFORMANCE, PROFESSIONAL CONDUCT AND EVALUATIONS, AS WELL AS CONFIRMING MY DATES OF EMPLOYMENT OR ENROLLMENT, POSITION(S) HELD, REASON(S) FOR LEAVING EMPLOYMENT, WHETHER I COULD BE REHIRED, REASONS FOR NOT REHIRING (IF APPLICABLE), AND SIMILAR INFORMATION.

I HEREBY GIVE MY CONSENT FOR ANY EMPLOYER OR EDUCATIONAL INSTITUTION TO RELEASE ANY INFORMATION REQUESTED IN CONNECTION WITH THIS BACKGROUND INVESTIGATION. I RELEASE, HOLD HARMLESS, AND AGREE NOT TO SUE OR FILE ANY CLAIM OF ANY KIND AGAINST ANY CURRENT OR FORMER EMPLOYER OR EDUCATIONAL INSTITUTION, AND ANY OFFICER OR EMPLOYEE OF EITHER, THAT IN GOOD FAITH FURNISHES WRITTEN OR ORAL REFERENCES REQUESTED BY THIS SCHOOL DISTRICT TO COMPLETE ITS BACKGROUND INVESTIGATION.

SIGNATURE OF APPLICANT _____ DATE _____

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