

CLARKSTOWN CENTRAL SCHOOL DISTRICT
62 Old Middletown Road, New City, NY 10956 Telephone: 845-639-6300

APPLICATION FOR EMPLOYMENT

POSITION: _____

Name: _____ Date: _____
Last First Middle

Address: _____ Home Phone: _____

_____ Mobile Phone: _____
City State Zip

E-Mail _____

Have you previously worked for or applied for employment with us? Yes: No:

If "yes" where did you work? _____ Date: _____

What position did you apply for? _____ Date: _____

Do you have any friends or relatives employed by the District? Yes : No:

If yes: Relatives - Name _____ Location: _____

Friends - Name _____ Location: _____

Are you legally eligible for employment in the United States? Yes: No:

Have you ever been convicted of a crime? Yes: No: If YES, attach explanation on a separate sheet

Do you have any physical, mental, emotional or nervous condition, disease or impairment that would interfere with your ability to perform the job (s) you are applying for? Yes: No:

How did you learn of employment with us?

Education:

High School: _____ Location: _____

Did you graduate? Yes Date: _____ If no, highest grade completed _____

College: _____ Location: _____

Did you graduate? Yes Date: _____ If no, number of credits _____

Other Schools or Special Courses: _____

Complete if you served in the U.S. Armed Service: Branch of Service: _____

Highest Rank: _____

Date and Type of Discharge: _____

Are you a volunteer fireman? Yes: No

BACKGROUND CHECKS WILL BE CONDUCTED

Employment History:

Firm Name: _____ Telephone: _____
Address: _____ City: _____ Zip _____
Your title & duties: _____
Supervisor's Name & Title: _____
Dates of Employment: From: _____ To: _____ Salary: _____
Reason for leaving: _____

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Address: _____ City: _____ Zip _____
Your title & duties: _____
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Your title & duties: _____
Supervisor's Name & Title: _____
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Nothing on this application is intended for use or used as a basis for discrimination in employment with the Clarkstown Central School District because of age, race, creed, color, national origin, sex, disability, or marital status.

I declare the information given on this application to be true, correct, and complete to the best of my knowledge. If employed by Clarkstown Central School District, I understand that false statements on this application shall be considered cause for dismissal.

Signature

Date