

SENECA FALLS CENTRAL SCHOOL

**P.O. BOX 268, 2 Butler Avenue
SENECA FALLS, NEW YORK 13148**

SUPERVISOR APPLICATION

It is important that the application be filled out completely

Thank you for your interest in serving the children of the Seneca Falls Central School District. If you have any questions regarding the application, please call the district office (315) 568-5818.

Applying for: _____

FULL NAME: _____ Tel.: _____

ADDRESS: _____
Street/City/State/Zip

E-mail: _____

Social Security # _____ Are you presently employed.

YES	NO

If yes, please indicate employer: _____

EDUCATIONAL AND PROFESSIONAL TRAINING:

NAME LOCATION ATTENDED DIPLOMA/DEGREE

High School _____

Jr. College/College _____

Please work experience: (Most recent first)

Employer	Dates	Location

References:

Name	Position	Telephone or e-mail.

The District reserves the right to contact any prior employers and/or the personal references listed.

I hereby certify that the facts on this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered grounds for dismissal. I have no objections to necessary inquiry regarding my character and qualifications.

Signature _____ **Date** _____

Employment discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by Law. Positions of employment are subject to all applicable Laws, Regulations of the Commissioner of Education, Civil Service Regulations, Board of Education Resolutions/Policies, Administrative Regulations, and Contracts of Agreements

District Office Use Only

CIVIL SERVICE APP.	
RESUME	
OSPRA	
FINGERPRINTS	

Updated 09/20/2021