# Eden Central School District 8289 North Main Street Eden, New York 14057

# APPLICATION FOR EMPLOYMENT

## **PERSONAL INFORMATION**

Name: Last	First	Middle
		the past if such names are relevant to pre-
Current Address: Street		Telephone:
City Permanent Address:	State Zip	Telephone:
Street	State Zip	DEN
Social Security Number:		Embrace Educate
₭ Are you 18 years of age or old	er? $\Box_{\text{YES}}$ $\Box_{\text{NO}}$	Traditions of Uncellence Empower

As an Equal Opportunity Employer, the Eden Central School District does not discriminate on the basis of race, color, age, sex, religion, national origin, marital status, disability, or status as a disabled or Vietnam era veteran.

### ADDITIONAL PERSONAL INFORMATION

X	Are you legally authoriz	ed to work in the United S	States of America?	<b>YES</b>	
	Have you ever served in	the United States Armed	l Forces?	<b>YES</b>	
	If yes, did you receive a Dishonorable Discharge or a Bad Conduct Discharge? If yes, please explain on a separate sheet. A Dishonorable Discharge or Bad Conduct bar to employment; other factors will affect the final decision.				<b>NO</b> not an absolute
X	K Have you ever been convicted of a crime? If yes, please explain on a separate sheet. A Record of Conviction does not necessarily employment consideration.				<b>NO</b> <i>he applicant from</i>
×	Are there any criminal of <i>If yes, please explain on</i>	charges or proceedings aga a separate sheet.	ainst you pending?	YES	$\Box_{\rm NO}$
×	Have you ever been the If yes, please explain on		ild abuse, maltreatment, or neg	lect? YES	$\Box_{\rm NO}$
×	relationship: (attach sep	parate sheet if necessary)	ct you are related to by blood o	5	
X	separate sheet if necessa		ct you know personally and sta Explain:	te how you know th	
	Name:				
×			asked to resign, and/or denied		
	If yes, please explain on	a separate sheet.		L YES	
		RE	FERENCES		
	Give the names of three		sely observed your work in the	=	
N		Reference 1	Reference 2	Ref	erence 3
N	ame				
T	itle/Occupation				
	ears of Acquaintance				
	ddress: (Street)				
((	City, State, Zip)				
P	none				

### **EMPLOYMENT HISTORY**

#### List the most recent employment first.

Employer's	Immediate Supervisor's					
Name & Address	Name & Title	Employed			Reason for Leaving	
		Fre	om:	Т	<u>o:</u>	
		Mo.	Yr.	Mo.	Yr.	
	Phone			1		

Position Title and Responsibilities:

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed		Reason for Leaving		
		<u>Fro</u> Mo.	om: Yr.	<u>Т</u> Мо.	<b>'o:</b> Yr.	
	Phone				I	

Position Title and Responsibilities:

Employer's	Immediate Supervisor's									
Name & Address	Name & Title	Employed		Reason for Leaving						
		From:		From:		From:		Т	<u>'o:</u>	
		Mo.	Yr.	Mo.	Yr.					
	Phone									

Position Title and Responsibilities:

### EDUCATIONAL AND PROFESSIONAL PREPARATION

High School	Major/Minor		Diploma
Name:			
City/State:			
College/University (Undergraduate)	Major	Minor	Degree
Name:			
City/State:			
Name:			
City/State:			
College/University (Graduate)	Major	Minor	Degree
Name:			
City/State:			
Name:			
City/State:			

Date Available for Employment:

Date Available for an Interview:\_

#### Please read the following statements carefully, as they constitute conditions for employment with the Eden Central School District.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered. I hereby authorize the Eden Central School District and/or the Town of Eden Police Department or my local law enforcement agency to make any investigation of my personal history, employment record, and criminal record, and I specifically authorize the use of my Social Security Number for this purpose.

The persons, schools, current and prior employers named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District and the Town of Eden Police Department or my local law enforcement agency from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

In the event that I am employed, I agree to conform to the District's rules and regulations.

Signature of Applicant

Social Security Number

Date

This application will remain active for one year from the date of receipt by the school district.

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ADDENDUM TO APPLICATION FOR EMPLOYMENT by SUPPORT STAFF APPLICANT

#### **POSITION(S) FOR WHICH YOU ARE APPLYING**

(Check all positions for which you are applying.)

CO	MPETITIVE CLASSIFICATION	LAI	BOR CLASSIFICATION
	Clerical *		Cleaner
	Custodial *		Cook
	Other *		Food Service Helper
			Groundsperson
NO	N-COMPETITIVE CLASSIFICATION		Laborer
	Bus Driver		Mechanic
	Clerical (part-time)		Maintenance
	Registered Nurse		Other
	Teacher's Aide		
	Bus Attendant	EXI	EMPT AND/OR
	Day Care Provider		NAGERIAL/CONFIDENTIAL *
	Computer Aide		Other
	Other		
	* If you checked a position for which you must take a Civil Se title or are you on the appropriate Erie County Civil Service I Employment status you are seeking: Full-time Part-time	ist?	Tyes No
	I hereby certify that the facts set forth in the above employme of my knowledge. I further acknowledge that any falsific disqualification or dismissal, if employed, regardless of when	ation	or omission will be sufficient cause for
	Signature of Applicant	_	Date

#### ADDITIONAL INFORMATION REQUIRED OF APPLICANTS FOR BUS DRIVERS ONLY

Class of Driver's License			Expiration Date			
Mo	torist Identification Number		State in which it was issued			
Ж		en a motor vehicle? e you driven a light truck or wagon? e you driven a heavy truck?				
★ Have you ever attended a Bus Driver Training Course or other such course? ☐ Yes ☐ No If yes, please provide the following information for each.						
	Date(s) Course Was Taken	Location Course Was Taken	Title of Certificate Issued			
× 	<ul> <li>During the last five years, have you had an accident which resulted in injuries to yourself or others?</li> <li>Yes</li> <li>No</li> <li>If yes, please describe below the extent of the accident(s).</li> </ul>					
<ul> <li>During the last three years, have you been convicted of any moving traffic violations?</li> <li>Yes</li> <li>N</li> <li>If yes, please provide the following information.</li> </ul>						
	Date	Charge	Court Location			
	of my knowledge. I further ac		tion are true and complete to the best omission will be sufficient cause for l.			
	Signature of Applicant		Date			