BRENTWOOD UNION FREE SCHOOL DISTRICT
Human Resources
52 Third Avenue
Brentwood, NY 11717
(631) 434-2331

Thank you for your interest in working for the Brentwood School District as a **Food Service Worker**.

Please be advised that when you apply for a Food Service Worker, it is on a Call-In, as needed basis (you will be called if someone is out and in need of a substitute). In addition, you are required to be fingerprinted **prior** to working, and there is a charge that goes to the New York State Education Department in order to process your fingerprints.

All applications with requirements listed below, must be mailed or delivered by appointment only to the Human Resources Office at 52 Third Avenue, Brentwood, NY 11717. Applications can also be emailed to Arianna.rizzuto@bufsd.org

Requirements to complete an application.

To apply for a Food Service Worker position, you must have a photo ID and an original Social Security card.

Please be aware that the Food Service Worker positions are filled on a call-in (substitute) basis at the rate of $16.25 per hour. If there are permanent positions available, they will be filled accordingly.

BRENTWOOD UNION FREE SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
Anthony F. Felicio Administration Building
Brentwood, New York 11717

EMPLOYMENT APPLICATION – SCHOOL FOOD SERVICE

FOR SAFETY REASONS MUST BE ABLE TO REASONABLY SPEAK AND UNDERSTAND ORAL AND WRITTEN INSTRUCTION

PLEASE PRINT

POSITION DESIRED

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

TELEPHONE #

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire. Are you legally eligible to work in the United States? _____

1. Have you ever worked for the Brentwood School District? _____

   If yes, please indicate position held. _____

2. Have you ever been convicted of any crime (felony or misdemeanor)? _____

3. Do you have any pending arrests? _____

Signature_____ Date_____

Conviction of a crime will not automatically preclude your employment and other factors will be considered as required by law.

4. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? _____

5. Did you ever resign from any employment rather than face dismissal? _____

6. Did you ever receive a discharge from the Armed Forces of the United States that was other than honorable or was issued under other than honorable circumstances? _____. A dishonorable discharge is not an automatic bar to employment, and other factors will be considered.

If you answered **YES** to questions 1 through 6, you **MUST** give specifics in the **COMMENTS** section below:

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application.

COMMENTS:

Do you speak a language(s) other than English? ( ) Yes ( ) No If yes, state language and what degree of fluency?

_____

SUCCESSFUL COMPLETION OF AN APPROPRIATE MEDICAL EXAMINATION MAY BE REQUIRED.

EDUCATION:

1. Have you graduated from senior high school? _____

   Name of School _____

   Location _____

2. If you have a high school equivalency diploma, indicate:

   Issuing Authority_____

3. If you did **NOT** graduate from high school, indicate highest school year completed _____

4. List College, University or Professional School Attended:

   School_____

   Degree/Certificate/Credits Received_____

   School _____

   Degree/Certificate/Credits Received _____

DRIVER'S LICENSE

1. Circle the class of your New York State Motor Vehicle License

   1 2 3 4 5 6 A B C D E M

2. Date of Expiration_____ ID Number _____

LICENSES

If you have obtained a license, certificate or other authorization to practice a trade or profession, please fill in below:

1. Name of Trade or Profession _____
2. License Number _____
3. Granted by (licensing agency) _____
4. Specialty _____
5. Date License First Issued _____
6. Registered From _____ To _____

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One)	DUTIES:		
/WK /MO /YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime			

REFERENCES

It is the responsibility of the candidate to make sure all references are on file in the Human Resources Office. (Relatives may not be used as references).

NAME	ADDRESS	TELEPHONE #

PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS WILL BE DISCARDED AT THE END OF THE SCHOOL YEAR

I CERTIFY THAT THE AFOREMENTIONED INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR INCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL REGARDLESS OF THE DATE OF DISCOVERY

DATE:_____ SIGNED_____

THE BRENTWOOD PUBLIC SCHOOLS COMPLIES WITH TITLE IX GUIDELINES AND IS AN EQUAL OPPORTUNITY EMPLOYER.

I have applied to the Brentwood Union Free School District for employment, and I desire that they be fully advised of my record with former employers. I, therefore, respectively request that you furnish the necessary information concerning my employment with your organization, and I hereby release you of any and all liability of damages for providing the information requested.

_____ _____

Signature of Applicant Date

Brentwood Union Free School District

Date_____

Name_____D.O.B._____ Age_____

Single ☐ Married ☐ Number of children:_____

Position_____ Dept., School or Company_____

	YES	NO	DETAILS of any "YES answers (state question #)
1. Have you EVER:			
a. Changed or been advised to change your occupation or residence for health reasons?	☐	☐	
b. Been rejected for employment because of a physical or mental condition?	☐	☐	
c. Used alcoholic beverages to excess or been treated for alcoholism?	☐	☐	
d. Used habit forming drugs, or been treated for any drug habit?	☐	☐	
e. Applied for or received benefits or compensation because of accident, sickness or disability?	☐	☐	
2. Have you ever had any of the following diseases, complaints or injury or disease of the following organs? (Under "Details" give full details of all "yes" answers)	☐	☐	
a. Chest pain, angina, shortness of breath, rheumatic fever, heart murmur, high blood pressure, or any other disease of the heart or blood vessels?	☐	☐	
b. Asthma, bronchitis, tuberculosis, coughing of blood, pleurisy, or any other disease of the lungs?	☐	☐	
c. Paralysis, stroke, epilepsy, convulsions, fainting or dizzy spells, recurring headaches, nervous or mental trouble, or any other disease of the brain or nervous system?	☐	☐	
d. Stomach or duodenal ulcer, recurring indigestion, vomiting of blood, bloody stools, colitis, or any other disease of the stomach or intestines?	☐	☐	
e. Gall stones, jaundice, hepatitis, cirrhosis, or any other disease of the liver, gall bladder or pancreas?	☐	☐	
f. Nephritis, kidney stones or infection: albumin, sugar, blood or pus in the urine, or any other disease of the kidney, bladder or prostate?	☐	☐	
g. Arthritis, bursitis, gout, rheumatism, sciatica, or any disorder of the back, spine, muscles, bones or joints?	☐	☐	
h. Any disease or disorder of the eyes, ears, nose, mouth or throat, or any impairment of sight or hearing?	☐	☐	
i. Diabetes, goiter or any thyroid disease, syphilis, skin or any blood disease, varicose veins or phlebitis?	☐	☐	
j. Hernia, tumor, cancer, cyst of any kind, or any rectal disorder such as fissure, fistula or hemorrhoids?	☐	☐	
3. During the past five years have you:	☐	☐	Name and address of your personal physician:
a. Been a patient in any hospital, clinic or sanatorium, for observation, treatment or operation?	☐	☐	
b. Been on a restricted diet for any reason?	☐	☐	
c. Taken any medicine for diabetes, heart trouble or blood pressure?	☐	☐	Signature and Date
4. Have you had any serious illness, injury or operation other than mentioned?	☐	☐	

Medical Examiner's Confidential Report

1. HEIGHT:_______ft.________in. WEIGHT_______lbs.
2. EYES
   a. Distant Vision: Right 20/______ Left 20/______
   Corrected Vision Right 20/______ Left 20/______
   b. Peripheral Vision
   Right ☐ normal ☐ diminished
   Left ☐ normal ☐ diminished
   c. Color Vision ☐ normal ☐ Color Blind

3. BLOOD PRESSURE: (All readings to be taken in sitting position. If original systolic is 140 or over, or diastolic (disappearance of sound) is 90 or over, make two additional readings at intervals.
   Record ALL readings

	1st Reading	2nd Reading	3rd Reading
Systolic			
Diastolic (5th phase)			

4. PULSE: (Count a full minute. If over 90, examine again)
   a. Rate per minute______________
   b. Intermittent or irregular? YES ☐ NO ☐
5. DO YOU FIND EVIDENCE OF PAST OR PRESENT DISEASE OR ABNORMALITY OF THE FOLLOWING

	YES	NO
a. EARS? (If impaired hearing, indicate degree and if hearing aid worn or if any disorder of the middle ear. Describe any discharge, its character and duration)	☐	☐
b. TEETH, MOUTH, TONGUE, THROAT OR NOSE?	☐	☐
c. NERVOUS SYSTEM?	☐	☐
d. THYROID, LYMPH NODES OR TUMORS? (If goiter present, indicate any signs of toxicity, whether nodular or diffuse. If lymph nodes enlarged, describe)	☐	☐
e. LUNGS OR OTHER PARTS OF THE RESPIRATORY TRACT?	☐	☐
f. HEART?		
1. Are the heart sounds abnormal?	☐	☐
2. Is there any hypertrophy?	☐	☐
3. Is a murmur present?	☐	☐
4. Is there evidence of decompensation?	☐	☐
g. ABDOMEN?	☐	☐
h. GENITO-URINARY ?	☐	☐
i. HEMORRHOIDS?	☐	☐
j. BONES, JOINTS, MUSCLES OR EXTREMETIES?	☐	☐
k. SKIN?	☐	☐
l. BREAST?	☐	☐
m. HERNIA?	☐	☐
n. VARICOSITIES?	☐	☐

6. URINALYSIS (to be completed in EVERY case at time of examination)

a. Albumin	☐	☐
b. Sugar	☐	☐

DETAILS OF ANY "YES" answers (state question #)

____

THIS PERSON IS PHYSICALLY FIT FOR EMPLOYMENT:

YES ☐ **NO** ☐

Date:_________________

Doctor's Signature:

____

Address:

____

____

Reviewed by School Physician:
(REMARKS)

____

____

Date______________________

Signature:__________________