

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

EMPLOYMENT APPLICATION – REGISTERED NURSE

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:

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. 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	Reason for leaving?		
	Involuntarily terminated?		
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	Reason for leaving?		
	Involuntarily terminated?		
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	Reason for leaving?		
	Involuntarily terminated?		

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

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

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 _____

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, respectfully 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
(must be signed in ink)

Date

**BRENTWOOD UNION FREE SCHOOL DISTRICT
EMPLOYEE RECORD CARD**

NAME: _____

SS #: _____

PERMANENT ADDRESS: _____

Cell #: _____

_____ **Home #:** _____

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. *Equal Employment Opportunity: Approved by OMB No. 3046-003.*

HISPANIC/LATINO

ETHNICITY:

- AMERICAN INDIAN OR ALASKA NATIVE**
- ASIAN**
- BLACK OR AFRICAN AME**
- NATIVE HAWAII/OTHER PACIFIC ISLANDER**
- WHITE**
- DECLINED**

EDUCATION

DATES	NAME/LOCATION OF SCHOOL	KIND OF COURSE COMPLETED	DEGREE/DIPLOMA

EMERGENCY CONTACT:

NAME: _____

TELEPHONE #: _____