

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 Call-In Security Guard.

Please be advised that when you apply for the position, 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 Jennifer Vasquez at jennifer.vasquez@bufsd.org

Requirements to complete application.

- High School Diploma
- 8 Hour Pre-Assignment Certificate
- 16 Hour On-The-Job Certificate
- 8 Hour Annual
- NYS Security Guard License
- Driver's License
- Social Security Card

Call-In Salary Per Hour: \$17.76

Permanent Salary: Per Local 237 Contract

BRENTWOOD UNIN FREE SCHOOL DISTRICT
Anthony Felicio Administration Building
Brentwood, NY 11717

EMPLOYMENT APPLICATION – SECURITY

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

THE BRENTWOOD UNION FREE SCHOOL DISTRICT ADHERES TO FEDERAL LAWS PROHIBITING DISCRIMINATION ON ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

PLEASE PRINT

POSITION DESIRED: _____ Full Time _____ Part Time _____
Date available to start: _____

Weekdays: Daytime hours: From _____ to _____ (8:00am-4:00pm)
Evenings: From _____ to _____ (4:00pm-Midnight)
Nighttime: From _____ to _____ (Midnight-8:00am)

Weekends: Daytime hours: From _____ to _____ (8:00am-4:00pm)
Evenings: From _____ to _____ (4:00pm-Midnight)
Nighttime: From _____ to _____ (Midnight-8:00am)

LAST NAME: _____ FIRST NAME: _____ M.I. _____

MAILING ADDRESS: _____

SOCIAL SECURITY#: _____ TELEPHONE#: _____

EMAIL: _____

Are you an American citizen? _____

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)? _____.
- 2a. The Applicant hereby gives permission to the Brentwood Union Free School District to conduct a records check for any conviction(s) (not an arrest) for any crime(s) or violation(s) including any traffic violation(s) and infraction(s) () Yes () No

Signature _____ Date _____

3. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? _____.
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 which was other than honorable or which was issued under than honorable circumstances? _____.

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? _____.
If yes, year graduated_____. Complete below.

Name of school: _____

Location: _____

2. If you have a High School equivalency diploma, indicate:

Issuing Authority: _____

Date: _____

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

4. List each College, University or Professional School Attended:

School: _____

Dates attended: _____ Date graduated: _____

Degree/Certificate/Credits received: _____

School: _____

Dates attended: _____ Date graduated: _____

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) /WK /MO /YR	DUTIES:		
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) /WK /MO /YR	DUTIES:		
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) /WK /MO /YR	DUTIES:		
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. (Reference forms are attached) Relatives **MAY NOT** be used as references.

NAME	ADDRESS	TELEPHONE#

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

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

SIGNATURE: _____ DATE: _____

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 #: _____

RECRUITING AND HIRING EMPLOYEES

EMPLOYEE NUMBER:	POSITION:
FIRST NAME:	LAST NAME:
SALUTATION: <input type="checkbox"/> MR. <input type="checkbox"/> MS.	HIRE DATE:
ADDRESS:	REHIRE DATE:
CITY:	STATE:
TEACHERS and ADMINISTRATORS ONLY: Are you certified by NYS Department of Education for the position for which you are applying?	ZIP:
Are you related by blood or marriage to any full-time employee, part-time employee, or Board of Education Member of the District? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list their name, position, building and their relationship to you. *(Please read paragraph below)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Position _____	Name: _____ Position _____
Building: _____ *Relationship to you: _____	Building: _____ *Relationship to you: _____
Name: _____ Position _____	Name: _____ Position _____
Building: _____ *Relationship to you: _____	Building: _____ *Relationship to you: _____
Name: _____ Position _____	Name: _____ Position _____
Building: _____ *Relationship to you: _____	Building: _____ *Relationship to you: _____

*It shall be the policy of the Board of Education that all employees who are hired, promoted and/or appointed to a position within the District after the effective date of this policy, November 21, 2013, and all consultants whose term commences after the effective date of this policy, shall submit to the Office of Human Resources, as a precondition to employment, promotion, appointment or engagement, a statement in the form prescribed by the Superintendent of Schools, which statement shall provide whether the proposed employee or consultant is related by blood or marriage to any member of the Board of Education, to any Central Office administrator or director, to any building-based administrator or supervisor or to any other employee of the District.

SIGNATURE

DATE