ELWOOD PUBLIC SCHOOLS
100 Kenneth Avenue
Greenlawn, New York 11740 -2900
Telephone: (631) 266-5400 X 1403
Fax: (631) 266-3834

Human Resources Office

Dear Applicant:

We are pleased that you are interested in substitute work in the Elwood Schools. Attached is an Application for Support Staff, together with various related forms. Upon your completion of these documents, please forward them to our office for review. Also include with these papers the following:

> At least two written letters of reference, recent ones are preferred. We will need a letter(s) from your current employer(s) if you are now employed, as well as letters from all prior employers within the last 5 years, stating that your service was satisfactory. If you have not been employed during this time, we will need references from people who can substantiate your good character.

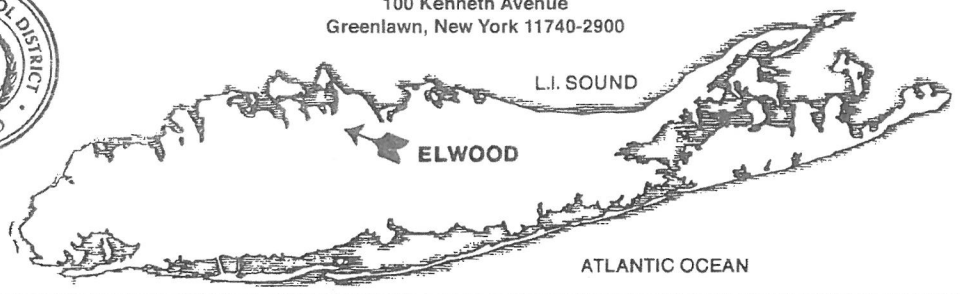
After we review the documents you send to us, we will be in touch with you. Thank you for your interest in subbing in the Elwood School District.

Sincerely,

Human Resources Office

Enclosures

ELWOOD PUBLIC SCHOOLS
100 Kenneth Avenue
Greenlawn, New York 11740-2900



EMPLOYMENT APPLICATION – SUPPORT STAFF

POSITION(S) FOR WHICH YOU ARE APPLYING – ☐ **Full-time** ☐ **Part-time** ☐ **Substitute**

☐ Cafeteria Service ☐ Custodian ☐ Paraprofessional ☐ Other (please specify)

☐ Clerical ☐ Maintenance Mechanic ☐ Teaching Assistant _____

PERSONAL INFORMATION

Name _____
Last First Middle

If your prior employment or academic records are held under any surname(s) other than the one provided above, please specify.

_____

Social Security No. _____ Are you a U.S. Citizen? Yes ☐ No ☐

Are you a N.Y.S. Retirement System Member? Yes ☐ No ☐ If yes, please indicate number _____

PRESENT MAILING ADDRESS

_____
Street

_____
City State Zip

Tel. No. _____ Cell No. _____

Email _____

PERMANENT MAILING ADDRESS

_____
Street

_____
City State Zip

Tel. No. _____ Cell No. _____

Email _____

EDUCATION

Name and Location of School	Dates attended (from-to)	Nature of Studies	Degree/Diploma Received and Date Awarded
High School _____			
College _____			
Business/Technical School/Other _____			

Have you been fingerprinted in the New York State Department of Education System? Yes ☐ No ☐

EMPLOYMENT EXPERIENCE

Begin with your current/most recent position. Be sure to list ALL previous employers. Attach a supplemental sheet if necessary.

Name and Full Address of Employer	Immediate Supervisor	Dates Employed From – To	
	NAME		
	TITLE	REASON FOR LEAVING	
	PHONE #		

Description of your duties at this job _____

Name and Full Address of Employer	Immediate Supervisor	Dates Employed From – To	
	NAME		
	TITLE	REASON FOR LEAVING	
	PHONE #		

Description of your duties at this job _____

Name and Full Address of Employer	Immediate Supervisor	Dates Employed From – To	
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Description of your duties at this job _____

Name and Full Address of Employer	Immediate Supervisor	Dates Employed From – To	
	NAME		
	TITLE	REASON FOR LEAVING	
	PHONE #		

Description of your duties at this job _____

Have you ever been convicted of a crime (other than a minor traffic infraction)? Yes ☐ No ☐

Are you at this time formally charged with a criminal offense or do you otherwise have such charges pending against you? Yes ☐ No ☐

If you checked the box marked *Yes* to either of these two questions, please provide details on a separate page and place your signature on the page.

Have you ever been discharged from a job or been asked to resign as an alternative to discharge? _____ If yes, please attach a written explanation.

May we contact your current employer at this time? _____

ADDITIONAL SKILLS AND RELATED INFORMATION

List any specialized certificates, licenses or work-related training you have received and the dates obtained.

Describe the computer software programs with which you are familiar and indicate the degree of proficiency you have achieved.

If you are applying for other than a full-time position, please provide the specific days of the week and times of your availability.

Are you a volunteer firefighter? _____ If yes, indicate which department _____

Have you served in the United States military? _____ If yes, please complete the following-

Dates	Branch of Service	Highest Rank	Total Months

Please enter the exact character of your discharge _____

If less than "Honorable", explain _____

Clerical Applicants – Average keyboarding speed: _____ words per minute

Maintenance Mechanic Applicants – Type of driver's license: _____ Have you been convicted or have you otherwise pleaded guilty to any traffic moving violations in the last five years? _____ If yes, please attach a written explanation, including the date, location, charge and disposition of the case.

REFERENCES

Please provide three references who can attest to your character, abilities and/or work experience.

	1	2	3
Name			
Position			
Company			
Full Address			
(Include zip code)			
Telephone			

APPLICANT'S STATEMENT

We are interested in any additional information that you believe will distinguish your candidacy. You may include, in this section, such items as your educational philosophy, special skills and accomplishments, as well as why, in particular, you believe that you are especially suited for the position in question.

NOTICE

1. Our acceptance of this application is no assurance that you will receive an interview or offer of employment.
2. Any material omission or misrepresentation in this application or any use of political or personal influence to advance your candidacy shall result in the application's invalidation.
3. You must meet appropriate New York State Certification requirements.
4. You understand that, as a condition of possible employment, you may be required to be fingerprinted, unless this has already occurred under the specific provisions of New York State law affecting appointments after July 1, 2001. Appointment to a position is ultimately subject to the District's receiving clearance from the State Office of School Personnel Review and Accountability after your fingerprints have been processed and a criminal backround investigation is completed.
5. This application must be signed and dated, after you have read the statement below.

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position to which I am appointed according to the best of my ability.

In connection with my application for employment, I understand that the Elwood Public School District may conduct an investigation of my background, as further described on the separate authorization and release page provided by the District. I affirm that all statements made in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

The Elwood Public School District does not discriminate on the basis of race, color, national origin, religion, age, disability or gender in its educational programs or employment.

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DISCLOSURE AND AUTHORIZATION
(for Support Staff Applications)

In connection with my application for employment, I understand that the Elwood Union Free School District (the District) may utilize outside agents to assist in an investigation of my background. Such consumer reporting agencies may make inquiries as to criminal convictions, work habits, employment performance, experience, reasons for termination at previously held positions, and other inquiries that relate to my suitability for employment. I authorize these agents to provide the results of their investigations to the District. I further authorize, without reservation, all parties, institutions and reporting services contacted by the District and/or its agents to furnish information they may have about me and I expressly release them from any liability in doing so. I waive right of access to this information except as may be provided by law. I further understand that before any adverse action is taken on account of material contained in a consumer report, including denial of employment, I will be provided with a copy of such report, together with a summary of my rights under the provisions of the Fair Credit Reporting Act. A copy of my signature, below, will have the same authority as the original.

_____
Full Name (Print)

_____ _____
Signature Date

_____
Social Security Number

OATH OF ALLEGIANCE

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position to which I am appointed according to the best of my ability.

In connection with my application for employment, I understand that the Elwood Public School District may conduct an investigation of my background. I affirm that all statements made on my electronic application are true and complete to the best of my knowledge.

_____ _____
Signature Date

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Human Resources Office

Are you related by blood or marriage to any employee in the Elwood Union Free School District?

_____ Yes

_____ No

If yes, kindly indicate the name of the employee and your relationship:

_____ _____
Name Relationship

Are you related by blood or marriage to any person doing business with the Elwood Union Free School District?

_____ Yes

_____ No

If yes, kindly indicate the name of the person, the name of the business and your relationship:

_____ _____
Name / Business Relationship

I affirm that all statements made above are true and complete to the best of my knowledge.

Signed:_____ Date:_____