

**BELLEVILLE HENDERSON CENTRAL SCHOOL DISTRICT  
SUPPORT STAFF EMPLOYMENT APPLICATION**

Timothy Filiatrault, Superintendent  
8372 County Route 75, Adams, NY 13605  
Telephone: 315-846-5826 Fax: 315-846-5617

TYPE OF EMPLOYMENT: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_ Temporary

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by Belleville Henderson Central School.

POSITION APPLYING FOR: \_\_\_\_\_

HOW DID YOU LEARN OF THE VACANCY: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SOC. SEC. # (OPTIONAL)\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*\*for payroll purposes only*

FORMER NAME(S): \_\_\_\_\_  
*For purposes of verifying work and education records*

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

ARE YOU A MEMBER OF THE NEW YORK STATE EMPLOYEES' RETIREMENT SYSTEM? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is your number? \_\_\_\_\_

CIVIL SERVICE STATUS: Are you currently on an active Civil Service List? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which list? \_\_\_\_\_

ARE YOU A MEMBER OF A VOLUNTEER FIRE DEPARTMENT? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name of Fire Company \_\_\_\_\_

**EMPLOYMENT HISTORY (Begin with the most recent.)**

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed From/To Dates: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed From/To Dates: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed From/To Dates: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed From/To Dates: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

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MILITARY EXPERIENCE

Branch of Service: \_\_\_\_\_

Rank/Specialty: \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

EDUCATION

Names and Location(s) of School(s)	Course of Study	Diploma/Degree or Grade Completed

EMPLOYER AND PERSONAL REFERENCE

Name	Position/Institution	Address	Phone Number

LICENSES

I hold a New York State current license/registration for the following:

Area: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Applicant must provide original N.Y.S. license/registration at time of hire.*

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMODATION? \_\_\_\_ Yes \_\_\_\_ No

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES AND REPRIMANDED, SUSPENDED, FINED, DEMOTED OR DISCHARGED UNDER SECTION 75 OF THE NEW YORK STATE CIVIL SERVICE LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_ Yes \_\_\_\_ No

If you answered yes to the above question, please state in detail the action that was taken against you:

\_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that BHCS will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by BHCS, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by BHCS. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by BHCS, I agree to conform to the rules and regulations of BHCS as set forth in the BHCS handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by BHCS at any time at BHCS sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with BHCS, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 N.Y. Laws, Chapter 180), I understand that I will be discharged by BHCS, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK**

By signing below I, \_\_\_\_\_, hereby authorize the Belleville Henderson Central School (BHCS) to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize BHCS to contact all employers and personal references listed on my employment application. In addition to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with BHCS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Note: If the applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**