

EDEN CENTRAL SCHOOL DISTRICT

Application for Non-Paid Assistant



Personal Information

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone No. _____
(Home) (Work)

E-mail _____

Have you ever been convicted of any crime? ☐ Yes ☐ No

If yes, attach a summary of details. Disclosure of a criminal record does not automatically disqualify you from non-paid assistant consideration, as each case will be judged on its own merits.

General What Non-Paid Assistant services are you willing to perform? _____

Employer Please list your current or last employer.

Employer Name & Address	Position	Dates Employed
		From:
		To:

References Please list three persons, not related to you, that you have known at least one year.

Name	Address	Years Acquainted	Phone Number

Emergency Information In case of emergency, please notify:

Name Address Phone

Relationship to you _____

Certification

I hereby certify that the facts set forth in the above Non-Paid Assistant application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification, if selected to be a non-paid assistant, regardless of when discovered. I hereby authorize the Eden Central School District and/or the Town of Eden Police Department or my local law enforcement agency to make any investigation of my personal history, employment record, and criminal record, and I specifically authorize the use of my Social Security Number for this purpose.

The persons, schools, current and prior employers named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at a decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District and the Town of Eden Police Department or my local law enforcement agency from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

In the event that I am selected to be a non-paid assistant, I agree to conform to the District's rules and regulations, **including presenting a government issued photo identification for badging purposes.**

Signature of Applicant _____ SSAN # _____ Date _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Based on the duties associated with the non-paid assistant position, fingerprinting of the non paid assistant:

☐

Will not be required

Date

Administrator Signature

Comments:

☐

Will be required (Copy sent to District Office [])

Approved []

Denied []

Board Approval Date (if applicable – i.e. musicals, athletics) _____

Comments:

Date

District Office Signature

If fingerprinting is required, this form will be kept on file in the District Office