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 Union Free School District as a Call-In Office Assistant.

All applications and supporting documents listed below must be submitted **by appointment only** to **Martha Solomon** in the Human Resources Office located at **52 Third Avenue, Brentwood, NY 11717**.

To schedule an appointment, please contact Martha by email at **martha.solomon@bufsd.org** or by phone at **631-434-2331**.

Please be advised that the Call-In Office Assistant position is on an **as-needed substitute basis**. In addition, all applicants must be fingerprinted prior to employment. There is a **$104.50 fingerprint processing fee** payable to the New York State Education Department.

Requirements for Application

Please bring the following documents to your appointment:

- High School Diploma
- Resume
- Fingerprint Clearance
- Three (3) Professional References (Name and Phone Number Only, No Family Members)
- Photo Identification
- Original Social Security Card
- Direct Deposit Setup Documentation:
    - Voided Check **or**
    - Bank Direct Deposit Authorization Form

Please be aware that the Call-In (Substitute) Office Assistant rate of pay is $17.00 per hour.

We look forward to meeting with you and thank you for your interest in joining the Brentwood Union Free School District.

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

EMPLOYMENT APPLICATION – CALL-IN OFFICE ASSISTANT

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- CALL-IN OFFICE ASSISTANT

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

TELEPHONE#

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 _____ Dates _____

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? _____

If you answered **YES** to questions 2 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 so, what year? _____

   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 College, University or Professional School Attended:

   School_____

   Dates Attended _____ Date Graduated _____

   Degree/Certificate/Credits Received_____

   School _____

   Dates Attended _____

   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			
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			
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			

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

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_____

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

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, respectively 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