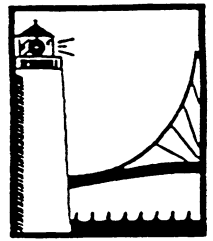


Thousand Islands Central School District

PO Box 100 Clayton, NY 13624



NON-TEACHING EMPLOYMENT APPLICATION

Candidates must complete all parts of this application, answer all questions, and sign the application to be considered for employment.

POSITION APPLYING FOR: _____

TYPE OF EMPLOYMENT: ___ Full-time ___ Part-time ___ Substitute ___ Temporary

DATE AVAILABLE FOR WORK: _____

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: _____ HOME PHONE: () _____
_____ WORK PHONE: () _____

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? _____ Yes _____ No
If yes, what system? _____ What is your number? _____

EDUCATIONAL PREPARATION

	<u>Name and Location of School</u>	<u>Major/Minor</u>	<u>Did you graduate?</u>
High School	_____	_____	_____

	<u>Names and Location(s) of School(s)</u>	<u>Dates Attended</u>	<u>Sem. Hrs.</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Date Degree Granted</u>
College (Undergraduate)	_____	_____	_____	_____	_____	_____

College (Undergraduate)

College (Graduate)

Vocational/Technical/Trade

WORK EXPERIENCE

Begin with the most recent. Include any substitute work, and indicate as such.

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

Employer: _____ Phone: () _____

Position Held: _____ Supervisor: _____

From/To: _____ Reason for Leaving: _____

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____
Dates of Service: From _____ To _____

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least (3) references.

Name	Position/Institution	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION: _____

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 PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to any of these questions, 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 FINGERPRINTED PURSUANT TO NEW YORK STATE EDUCATION LAW "PROJECT SAVE?" _____ Yes _____ No If you answered yes, please provide the name and address of the School District: _____

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 the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT 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 or damage 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 THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT, 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 the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT. 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 the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT, I agree to conform to the rules and regulations of the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT as set forth in the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT at any time at the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT'S sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT, 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 the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT, 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: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Thousand Islands Central School District

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application 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 legal 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 the THOUSAND ISLANDS CENTRAL SCHOOL DISTRICT.

Signature

Date

Print Name

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