



Cheektowaga – Sloan UFSD
166 Halstead Ave.
Sloan, NY 14212

APPLICATION FOR SUPPORT STAFF POSITION

POSITION PREFERENCE:

Full Time Part Time Substitute

Cleaner _____ Custodian _____ Food Service Helper _____ Registered Pro. School Nurse _____

School Monitor _____ Teacher Aide _____ Laborer _____ Clerical _____

Date _____ e-mail address _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone# _____ Cell Phone# _____ Social Security # _____

Are you a citizen of the United States of America? Yes _____ No _____

If NO, do you have legal papers necessary to remain and work in the United States? _____

EDUCATION

Education	Name of School, City & State	Degree	Date of Graduation or last year completed
Elementary			
High School			
College			

EMPLOYMENT

List employers with most recent first:

Name:	Dates of Employment: From/To:
Address:	Name of Supervisor:
	Job Title:
Phone:	Reason for leaving:
Duties:	

Name:	Dates of Employment: From/To:
Address:	Name of Supervisor:
	Job Title:
Phone:	Reason for leaving:
Duties:	

Name:	Dates of Employment: From/To:
Address:	Name of Supervisor:
	Job Title:
Phone:	Reason for leaving:
Duties:	

Have you taken a County Civil Service Examination? Yes _____ No _____ Title of Exam: _____

Are you a member of the New York State Employees' Retirement System? Yes _____ No _____

If YES, your NYSERS Number _____

Date of Membership _____

Have your fingerprints previously been submitted to the NYS Education Department for a criminal history record check? If Yes, attach a copy of your clearance. Yes _____ No _____

REFERENCES

Give the names of three references who have closely observed your work as an employee or student. Recommendations by present and former supervisors, principals and others are preferred. No relatives please.

Name			
Address			
Phone #			
Position			

PERSONAL BACKGROUND

Have you ever pleaded guilty to or been convicted of a crime (misdemeanor or felony)? If Yes. Explain on the back of this page. Yes _____ No _____

Are any criminal charges or proceedings pending against you? If Yes, explain on a separate sheet

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes _____ No _____

General health, for the past two years: _____

Were you previously employed by us? If Yes, provide the following information:

Job Title	Reason for Leaving	Date

Would you be willing to work in any school in the District? Yes _____ No _____

If answer is No, please indicate school of your choice _____

Number of years residing in the Cheektowaga-Sloan School District _____

Name of person recommending you for this position _____

I hereby certify that all my answers and factual representations set forth in this employment application, including all attachments hereto, are true and complete to the best of my knowledge. I understand that any omission or false statement made by me on this application or any of its attachments will be sufficient grounds for refusal to employ, or for my discharge should I become employed by the Cheektowaga Sloan Union Free School District.

I hereby authorize the release of any and all information related to my application for employment. I further authorize the District to conduct investigations of my background at any time. I understand and agree that such background investigations may seek information concerning, but not limited to, my character and reputation, criminal convictions, fingerprint clearances, driving record, status of certifications and licenses, and any and all information from former and current employers, educational institutions, and personal references. I also hereby release and hold harmless the District, and any person or entity that provides information in response to such an investigation, from any liability in connection with the use or exchange of information about me, arising from or related to any such background investigation.

Date _____

____Signature

**Please return completed application to the District Office at the address above.
Please be advised that an incomplete application may not be considered.**

Cheektowaga Sloan UFSD does not discriminate in employment or access to programs on the basis of age, race, religion, national origin, sex or handicap.

OFFICE USE ONLY

Date of Interview:

Interviewers Initials:

Assignment:

Grades:

Comments _____
