

Date(s) of interview: \_\_\_\_\_

Interviewer's Initials: \_\_\_\_\_

**ASSIGNMENT:**

As \_\_\_\_\_  
for \_\_\_\_\_  
Building \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Date of Board Approval \_\_\_\_\_

Step \_\_\_\_\_ Rate \_\_\_\_\_  
Salary Rate \_\_\_\_\_  
Comments \_\_\_\_\_

**NON-INSTRUCTIONAL APPLICATION**

**North Collins  
Central School District**

**DISTRICT OFFICE**  
2045 School Street  
P.O. Box 740  
North Collins, NY 14111  
(716) 337-0101  
Fax: (716) 337-3457

N.Y.S. Human Rights Law prohibits  
discrimination because of age, national  
origin, race, religion, or sex.

**PERSONAL INFORMATION**

**JOBS APPLIED FOR:**

- Full Time       Part Time
- 
- Temporary Seasonal  
 Substitute
- 
- Bus Attendant  
 Bus Driver  
 Cafeteria Monitor  
 Clerical  
 Cleaner  
 Custodian  
 Laborer  
 Nurse, LPN or RN  
 Teacher Aide  
 Other \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Years at above address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic offenses? \_\_\_\_\_

If yes, please explain on a separate sheet.

Is any additional information relative to change of name, assumed name, use of nickname necessary to enable a check on your work record? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

List any friends or relatives other than spouse working for us \_\_\_\_\_

**EDUCATIONAL PREPARATION**

Name & Location of School	Major	Minor	Diploma or Degree
<b>High School:</b>			
<b>College:</b>			
<b>Business or Trade:</b>			
<b>Other:</b>			

**PLEASE SUBMIT A RESUME WITH THIS APPLICATION**

## ACTIVITIES

Activities in High School, College, Community \_\_\_\_\_

\_\_\_\_\_

Awards, Honors, Recognition \_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT EXPERIENCE

List most recent experience first – List all prior employers – Use additional sheet if needed.

Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
	Phone (    )					
Describe in detail the work you did:						

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	Phone (    )					
Describe in detail the work you did:						

Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
	Phone (    )					
Describe in detail the work you did:						

Have you ever been released or asked to resign an employment position? \_\_\_\_\_ If yes, explain on a separate sheet.

Indicate any employers listed above you do not wish us to contact. \_\_\_\_\_

## 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.

Please Print	1	2	3
<b>Name:</b>			
Position:			
Address:			
(include zip code)			
<b>Phone:</b>	(    )	(    )	(    )

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

\_\_\_\_\_  
*Signature of Applicant*

### PLEASE FILL OUT ADDITIONAL INFORMATION FOR THE PARTICULAR TYPE OF POSITION FOR WHICH YOU ARE APPLYING

INDICATE EXPERIENCES THAT QUALIFY YOU FOR WORKING WITH STUDENTS IN A SCHOOL SETTING. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CLERICAL

PLEASE LIST SOFTWARE PROFICIENCIES (WORD, EXCEL, ETC.) \_\_\_\_\_

DO YOU HAVE A PREFERENCE OR BACKGROUND WORKING IN PURCHASING, ACCOUNTS PAYABLE OR PAYROLL?  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

HAVE YOU TAKEN ANY CIVIL SERVICE EXAMINATIONS FOR CLERICAL POSITIONS?  
IF YES, WHEN \_\_\_\_\_ EXAM TITLE(S) \_\_\_\_\_  
SCORES \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )

### CUSTODIAL/LABORER

POSSIBLE JOB TITLES COULD INCLUDE: LABORER, GROUNDSMAN, MOTOR VEHICLE OPERATOR, GENERAL MECHANIC, CARPENTER, ELECTRICIAN, PLUMBER, ETC.

INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR YOUR AREA OF PREFERENCE: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER TAKEN ANY CIVIL SERVICE EXAMINATIONS FOR CUSTODIAL POSITIONS?

IF YES, WHEN \_\_\_\_\_ WHERE \_\_\_\_\_  
TITLE(S) \_\_\_\_\_ SCORE(S) \_\_\_\_\_

TYPE OF DRIVER'S LICENSE \_\_\_\_\_ HAVE YOU BEEN CHARGED WITH MOVING TRAFFIC VIOLATIONS (RECKLESS DRIVING, SPEEDING, ETC.) WITHIN THE LAST FIVE YEARS OR WITH ANY CRIMINAL ACT? YES ( ) NO ( )  
IF YES, GIVE DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
DISPOSITION \_\_\_\_\_ COURT AND LOCATION \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )

## CLEANER

HAVE YOU HAD EXPERIENCE OR TRAINING IN INSTITUTIONAL CLEANING? IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER SUPERVISED OTHERS IN AN INSTITUTIONAL CLEANING OPERATION? YES ( ) NO ( )  
IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )

## TRANSPORTATION

ANSWER THE FOLLOWING IF APPLYING FOR REGULAR OR SUBSTITUTE BUS DRIVER:

CLASS OF DRIVER'S LICENSE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

MOTORIST IDENTIFICATION NO. \_\_\_\_\_ STATE OF ISSUANCE \_\_\_\_\_

ATTACH TO THIS APPLICATION FORM AT LEAST THREE (3) STATEMENTS FROM THREE DIFFERENT PERSONS WHO ARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND RELIABILITY. LIST THEIR NAMES AND ADDRESSES IN THE REFERENCE SECTION. (THIS IS A STATE EDUCATION DEPARTMENT REQUIREMENT.)

HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS?

YES ( ) NO ( ) IF YES, GIVE DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_ COURT AND LOCATION: \_\_\_\_\_

ACTIVE DRIVING EXPERIENCE: SCHOOL BUS \_\_\_\_ YEARS; PASSENGER BUS OR HEAVY TRUCK \_\_\_\_ YEARS; LIGHT TRUCK OR STATION WAGON \_\_\_\_ YEARS.

DO YOU USE INTOXICANTS? FREQUENTLY ( ) SELDOM ( ) NEVER ( )

DO YOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( )

HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS? YES ( ) NO ( )

IF YOU ARE INTERESTED IN AUTOMOTIVE MECHANICS OR AUTO BODY REPAIR WORK, PLEASE INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THESE AREAS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )

## TRANSPORTATION SUPERVISOR'S STATEMENT

*I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEAR \_\_\_\_\_ - \_\_\_\_\_ FOR THE NORTH COLLINS CENTRAL SCHOOL DISTRICT. I HEREBY APPROVE HIS/HER EMPLOYMENT.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR OF TRANSPORTATION / CHIEF SCHOOL OFFICER

## APPLICANT'S STATEMENT

*I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT 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 OR DISMISSAL IF EMPLOYED, REGARDLESS OF WHEN DISCOVERED. I HEREBY AUTHORIZE YOU TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY.*

DATED \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**IF YOU KNOWINGLY MAKE A FALSE STATEMENT IN THIS APPLICATION, YOU COMMIT A MISDEMEANOR.**

**PLEASE SUBMIT A RESUME WITH THIS APPLICATION**

kam/10-2023