

# Schoharie Central School

## APPLICATION FOR EMPLOYMENT

<b>OFFICE USE ONLY</b>	
Application Received Date	_____
Fingerprint Verification	_____
Board Approval Date	_____

SCHOHARIE CENTRAL SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. THIS APPLICATION WILL NOT BE USED FOR LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. APPLICANTS REQUIRING REASONABLE ACCOMMODATION IN THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE SCHOOL.

**PLEASE PRINT AND COMPLETE THIS FORM IN DETAIL. BE SPECIFIC AND FILL IN ALL APPROPRIATE AREAS. (ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE)**

POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_  
 YEARS AT THIS ADDRESS: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_

	STREET ADDRESS	CITY/STATE/ZIP	HOW LONG
LIST PRIOR ADDRESSES OVER PAST FIVE YEARS	1. _____	_____	_____
	2. _____	_____	_____

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY SCS?                      YES      NO                      IF YES, WHEN AND WHERE \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?      YES      NO                      IF NO, EXPLAIN \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	FULL-TIME OR PART-TIME	# OF CREDIT HOURS COMPLETED	GRADUATE YES OR NO	DEGREE RECEIVED (TYPE)
SCHOOL	_____	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____	_____

**CERTIFICATIONS**

INITIAL \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_ PERMANENT \_\_\_\_\_ TRANSITIONAL \_\_\_\_\_ IN PROGRESS \_\_\_\_\_

CERTIFICATION AREAS: \_\_\_\_\_ EFFECTIVE DATES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



C. HAVE YOU EVER HAD AN APPLICATION FOR A TEACHING, PROFESSIONAL OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) IN NEW YORK OR ANY OTHER JURISDICTION DENIED?

YES NO

D. HAVE YOU EVER SURRENDERED A TEACHING, TEACHING ASSISTANT, PROFESSIONAL, OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) OR HAD SUCH CREDENTIAL REVOKED, SUSPENDED, INVALIDATED OR OTHERWISE SUBJECTED TO A DISCIPLINARY PENALTY IN ANY JURISDICTION?

YES NO

E. HAVE YOU EVER BEEN FOUND GUILTY AFTER TRIAL, OR PLEADED GUILTY, NO CONTEST, NOLO CONTENDERE, OR HAD ADJUDICATION WITHHELD TO A CRIME (FELONY OR MISDEMEANOR) IN ANY COURT?

YES NO

F. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGE(S) PENDING AGAINST YOU?

YES NO

Multiple horizontal lines for providing additional information or details.

**NYS Law requires that all new school district employees be fingerprinted for clearance, prior to working within the school. Applicants are responsible for all fingerprinting fees. Upon appointment, new hires will be required to produce identification in accordance with the Immigration Reform and Control Act of 1985.**

WHEN INDICATED, I HEREBY AUTHORIZE THE SCHOHARIE CENTRAL SCHOOL DISTRICT TO MAKE ANY INVESTIGATION OF MY PAST EMPLOYMENT, AND I FURTHER WAIVE THE RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES. I FURTHER RELEASE THAT PREVIOUS EMPLOYER FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE RESPONSE(S) OF QUESTIONS FROM SCHOHARIE CENTRAL AS TO MY PREVIOUS EMPLOYMENT. ALL STATEMENTS BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT.

**The Schoharie Central School District does not discriminate on the basis of age, race, color, national origin, gender, disability, marital status, sexual orientation, or association membership in employment or any of the educational programs and activities which it offers or operates, as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans With Disabilities Act of 1990, and the NYS Human Rights Laws.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_