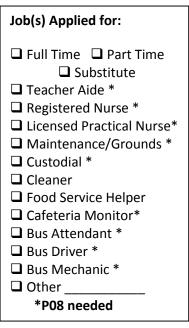
WEST SENECA CENTRAL SCHOOL DISTRICT



Human Resources Office 675 Potters Road West Seneca, NY 14224 (716) 677-3186 Fax: (716) 677-3132

NYS Human Rights Law prohibits discrimination based on age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. *EQUAL OPPORTUNITY EMPLOYER*



~Personal Information~

Name				
	Last	First		MI
Address				
	Street	City	State	Zip
Years at ab	oove address	Phone Number	Cell phone	
•		of a crime, excluding minor traffic plain on separate sheet)	c offenses?	
YES N Are you re	IO (if yes, please exp lated to any membe	olain on separate sheet)	n or any employee in the District?	

Please submit a resume with this application if available

~Educational Preparation~

Name & Location of School	Major	Minor	Diploma/Degree
High School			
College			
Other			

~Employment Experience~

List most	racant	ovnorionco	first
LISUIIIOSU	recent	experience	mst

Name & Address of Employer	Supervisor's Name, Title &	FROM	то	Reason for Leaving
	Phone number			
1.				
		Annua	al Salary	
Describe in detail the work you did:				
	1			
2.				
		Annua	al Salary	
Describe in detail the work you did:				
	1			
3.				
		Annua	al Salary	
Describe in detail the work you did:				1

Have you ever been released or asked to resign an employment position? YES INO (if yes, please explain on a separate sheet)

Indicate any employers listed above you do not wish us to contact ______

If you are offered a position with the West Seneca Central School District in a safety sensitive position, you will by law be subject to a pre-employment and periodic random drug and alcohol tests.

~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. Do NOT list relatives.

Please print	1	2	3
Name			
Position			
Address			
Phone#			

I waive my right of access to any information submitted by these references

If you knowingly make a false statement in this application, you commit a misdemeanor. PLEASE FILL OUT ADDITIONAL INFORMATION FOR THE PARTICULAR TYPE POSITION FOR WHICH YOU ARE APPLYING. Please submit 3 letters of recommendation attesting to your ability to work with others.

~TEACHER AIDE, NURSE, BUS ATTENDANT~

Indicate experiences that qualify you for working with students.

		~CLERICAL~	
	duties that you feel qualified to perfor duties that you particularly like and fee		ve actually successfully performed.
Typing	Filing	Bookkeeping	Receptionist
Microsoft Wo	ord Microsoft Excel	Microsoft Powerpoint	Money handling
Other			
Have you taken any When	v civil service examinations for clerical p Exam Titles		
Have you had expen	~CUST rience or training in institutional cleanin	ODIAL/CLEANER∼ ng? □ YES □ NO If yes, exp	blain
Have you ever supe	rvised others in an institutional cleanin	ng operation? 🔲 YES 🗔 NO If ye	es, explain
Have you taken any When	v civil service examinations for custodia Exam Titles		
	~M ea are: Laborer, Groundsworker, Maint of training that qualifies you for your a		γ, electrical, plumbing, etc)
Type of Driver's Have you been c I YES I NO If y	onvicted of any moving traffic vic		ding, DWI, etc)

~FOOD SERVICE/SCHOOL LUNCH~

	Food Preparation	Serving	Cashier	Special Training in Food
		~TRAN	SPORTATION~	
Answer the following	if applying for regul	ar or Substitute	e Bus Driver or B	Bus Mechanic:
Have you ever had ar	n Number accident while driv	ing which resul	ted in injuries to	Expiration Date State of issuance yourself or others?
□ YES □ NO If yes, Court Active driving experie School Bus Do you use intoxicant Do you use drugs? If you are applying fo	give specifics: t & Location ence: Years Passenge s? Trequently Frequently r Auto Mechanic, pla	Date er Bus or Heavy Seldom Seldom ease indicate ex	Truck Y I Never Never kperience or trai	driving, speeding, DWI, etc) Charge Disposition ears Light Truck Years ining in vehicle maintenance and repair,
	-		-	your ability to work with others.
	York State Employee nt System.	es' Retirement S	System, I may, as	I Schools, that as an employee not currently a s a matter of right, join the New York State
my knowledge. I furt	her acknowledge th , regardless of wher	at any falsificat	ion or omission	application are true and complete to the best of will be sufficient cause for disqualification or ed West Seneca Central Schools to make any
Dated:		Signatu	re of Applicant:	

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