

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT
124 GRAND STREET
NEWBURGH, NEW YORK 12550
*An Equal Opportunity Employer***

HUMAN RESOURCE OFFICE

TEL (845) 563-3460

APPLICATION FOR EMPLOYMENT

The Newburgh City School District operates all programs in compliance with Federal law which prohibits discrimination because of race, color, religion, sex, age, national origin or handicap.

COMPLETE IN FULL OR APPLICATION WILL NOT BE RETAINED

DATE: _____

NAME: _____
(Last Name First) Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.

ADDRESS: _____
Street City State Zip

PHONE NUMBER _____ **SOCIAL SECURITY NUMBER** _____ **CITIZEN U.S.A?** _____

DO YOU HAVE A DRIVER'S LICENSE? _____ **DO YOU HAVE TRANSPORTATION?** _____

EMPLOYMENT DESIRED

Position(s) applied for _____ **Rate of pay expected \$** _____ **per week**

Would you work Full-Time? _____ **Part-Time?** _____ **Specify days and hours if part-time** _____

Were you previously employed by us? _____ **If yes, when?** _____

If your application is considered favorably, on what date will you be available for work? _____

RECORD OF EDUCATION

School	School Name & Address	Check Last Year Completed(Circle one)				Did you Graduate? (Circle one)	
		5	6	7	8	YES	NO
Elementary							
High							
GED	Date Received:						
College(List Degree and Major)							

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ **If yes, what Branch?** _____
Dates of duty: From _____ To _____ **Rank at discharge:** _____

List below your last three employers, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					
Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					
Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					

May we contact the employers listed above? ____ If not, indicate by no, which one(s) you do not wish us to contact

PERSONAL REFERENCES (Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

*All Three Questions Below Must Be Answered (Circle Answer)

Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations? Yes No
 Are any criminal charges or proceedings pending against you? Yes No
 Can we request under Public Law 91-508 a copy of criminal records? Yes No

PHYSICAL RECORD

Explain any existing physical or mental condition which would adversely affect your ability to substantially perform the duties of this position you seek. (Answer is Optional)

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE _____ SIGNATURE _____

Applications are retained in the District's active file for one year. At the end of one year they are destroyed unless updated by calling the Human Resources Office.

**APPLICANT AUTHORIZATION
FOR
RELEASE OF INFORMATION**

In connection with my application for employment with the Newburgh Enlarged City School District, I authorize my present and former employers and any educational, professional, or licensing agency to respond to a request from:

**Newburgh Enlarged City School District
124 Grand Street
Newburgh, New York 12550**

For verification of statements I have made on the job application form regarding my qualifications and employment history.

Applicant Name (Please Print)

Signature

Date

Other name(s) by which you have been known:
