

WELLSVILLE CENTRAL SCHOOLS

126 West State Street, Wellsville, New York 14895
(585) 596-2173 or (585) 596-2170

Application for Employment

Non-Instructional Personnel (Clerical, Building & Grounds, Transportation, Teacher Aide, School Lunch)

Date: _____

Position Sought: _____

Name: _____

Present Address: _____
Street City/Village/Town State Zip Code

Telephone Number: _____

Person to Notify in Case of Emergency: _____ Telephone Number: _____

PERSONAL INFORMATION

Are you at least 18 years of age? Yes () No ()

Have you served in the armed forces? Yes () No ()

Are you a citizen of the United States? Yes () No ()

If not, do you intend to become a citizen? Yes () No ()

If not, do you have the legal right to remain permanently in the United States? Yes () No ()

Have you ever been convicted of any violation of law except for minor traffic violations? Yes () No ()

If yes, give details on a separate sheet.

Do you have any impairments, physical, mental, or medical, which could interfere with your ability to perform the job for which you have applied? Yes () No ()

If yes, give details on a separate sheet.

EDUCATIONAL BACKGROUND

Level	Name	Location	Graduated Yes/No	Degree	Course of Major
High School					
Technical School					
College					
Other					

Have you had training in school for the job for which you applied? Yes () No ()

If yes, where? _____

Duration of training? _____

When? _____

Work Experience

List below the places where you have worked. Begin with your present, or last place of employment.

Name of Employer _____

Address: _____
Street City/Village/Town State Zip Code

Job Title _____ Your Supervisor & Title _____

Employed from _____ to _____ Your Salary _____
Month/Year Month/Year

Reason for Leaving: _____

Brief Description of the work you did: _____

Name of Employer _____

Address: _____
Street City/Village/Town State Zip Code

Job Title _____ Your Supervisor & Title _____

Employed from _____ to _____ Your Salary _____
Month/Year Month/Year

Reason for Leaving: _____

Brief Description of the work you did: _____

(Any other significant work experience should be listed on a blank sheet of paper and attached to this application.)

What other work experience have you had that will help you in the work for which you are applying? _____

Can you work full time? Yes () No () If not, state the hours you can work. _____

Can you work year round? Yes () No () If not, state the months you can work. _____

Are you able to work in all schools? Yes () No () If not, in which are you able to work. _____

What is the minimum salary for which you will work? _____

Have you previously filled out an application in this school district? Yes () No ()
If yes, for what job? _____

Were you ever dismissed from any public (government) employment? Yes () No ()
If yes, give details on a separate sheet of paper.

Are you a member of the NYS Employees Retirement System? Yes () No () If yes, give membership number.

Do you have an open compensation claim pending? Yes () No () If yes, give details on a separate sheet.

List below three personal references who will vouch for your character and integrity. Do not include relatives or former employers.

Name	Address	Phone Number
1.		
2.		
3.		

Applications for Clerical Positions Only

With what business or office machines are you experienced? _____

Applications for Buildings and Grounds Position Only

With what tools or machines are you experienced? _____

Applicants for Automotive Mechanic and Service Positions Only

Do you have a Class Three (3) License? Yes () No ()

Applicants for Bus Driver Positions Only

Class of drivers license: _____ Expiration date of such license: _____

Motorist Identification number: _____ State of Issuance: _____

Have you ever had an accident, which resulted in injuries to yourself or others? Yes () No ()
 If yes, give details on separate sheet.

Have you ever been convicted of moving traffic violations in the past 3 years? Yes () No ()
 If yes, give details (date, charge, court, and location on separate sheet.

How many years have you driven? _____ How many years of active driving experience do you have for the following types of vehicles: School Bus _____ Passenger Bus or Heavy Truck _____ Light Truck or Station Wagon _____

I authorize investigation of all matters contained in this application and agree that, if in the opinion of school official any misrepresentation has been made by me herein, or the results of such investigation are not satisfactory, any offer of employment made may be withdrawn, or my employment terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered, if I have been employed.

Date _____ Signature _____

Please mail application and resume to: ATTN: David Foster
 Wellsville Central School
 126 West State Street
 Wellsville, NY 14895

Wellsville Central School is an Equal Opportunity Employer.