

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers you have listed unless you indicate those that you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____

Reason(s) _____

M I L I T A R Y	Complete this section if you served in the U.S. Armed Forces Describe your duties and any special training: _____	Branch of Service _____
		Period of Active Duty (Month and Year) From _____ To _____
		Rank at Discharge _____
		Date of Final Discharge _____

PERTAINS ONLY TO APPLICATION FOR REGULAR OR SUBSTITUTE BUS DRIVER

Date of Birth _____

Last Previous Address _____

1. Class of driver's license _____ Expiration date of such license _____

Motorist Identification No. _____

State of Issuance _____

2. How many years have you driven? _____

Have you ever had an accident while driving the past five years which resulted in injuries to yourself others? Yes No

If yes, describe extent of accident or accidents _____

3. Have you been convicted of moving traffic violations (reckless driving, etc.) or of any criminal act during the past three years?
 Yes No

If yes, provide:

DATE	CHARGE	COURT & LOCATION

4. Active driving experience: _____ Years
 Passenger bus or heavy truck _____ Years Light truck or station wagon _____ Years

5. Do you use intoxicants? Frequently Seldom Never

6. Do you use drugs? Frequently Seldom Never

7. Have you ever had any convulsions or periods of unconsciousness? Yes No

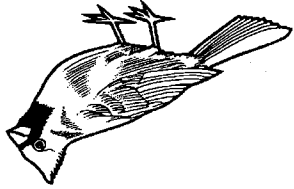
Have you been fingerprinted for any school system? Yes No

Are you currently on any Civil Service list? Yes No

FORT ANN CENTRAL SCHOOL

Catherine Street
Fort Ann, New York 12827
Phone (518) 639-5594
Fax (518) 639-8911
www.fortannschool.org

**APPLICATION FOR EMPLOYMENT
Non-Instructional**



P		Last Name		First	Middle	Date
E		Street Address		Home Phone	()	
R		City, State, Zip		Business Phone	()	
S		Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year		Location		
O		Position Desired		Salary Expected		
A		Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
N		Are you legally eligible for employment in the United States?		When will you be available to begin work?		
I		Other special training or skills (languages, machine operation, etc.)		How did you learn of our organization?		

E	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
D	College(s)					
U						
C						
A	High					
I	Other Training/ Education					
N						

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Employer	1		
	2		
	3		
	4		
	5		
Name			
Address			

INTERVIEWER NAME AND COMMENTS

S The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

G If you decide to engage an investigative consumer reporting agency on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

A Date _____

N Signature _____

T

R

E