



Greene Central School District

40 South Street
Greene, New York 13778
Phone: (607) 656-4161
Fax: (607) 656-7933

SUPPORT STAFF APPLICATION

Date _____

Position Applying For _____

PERSONAL INFORMATION

Name _____
Last First Middle

Present Mailing Address _____
_____ Tel. _____
(Include Area Code)

Permanent Mailing Address _____
_____ Tel. _____
(Include Area Code)

Years at the Above Address _____ Social Security No. _____ Are You Over the Age of Eighteen? Yes No

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes No If *yes*, what provisions would the district need to make? Explain.

Are you a U.S. citizen? Yes No If *no*, have you filed a declaration of intention to become a citizen? Yes No

Have you ever been convicted of a crime excluding minor traffic offenses? Yes No if *yes*, explain.

Are you an honorably discharged veteran? Yes No
Are you an exempt volunteer fireman? Yes No

WORK ABILITY

Type of Work: Full Time Part Time Substitute

Will you work daily overtime if necessary? Yes No Comment: _____

Will you work extra days in the week if necessary? Yes No Comment: _____

List any special skills you may have (typing, machine operation, etc.) _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal History Record Check for Prospective School Employees and Applications for Certification)?
Yes No Where _____ When _____

Notice—The Greene Central School District believes that all persons should have equal opportunity for employment and promotion in the district regardless of race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital or veteran status.

EDUCATION

Name and Location of School	No. of Years Attended	Did you Graduate?	Course of Study
Elementary School			-----
High School			
Vocational/Technical/Trade			
College			
Graduate School/Degree			

List any Honors or Special Activities as a Student _____

SUPPLEMENTARY EDUCATION AND TRAINING

Title of Course (Day or Evening)	Where Taken	Duration		Skills Learned
		Yrs.	Mos.	

List any Licenses or Certificates You May Have _____

If required for the position for which you are applying, do you have a valid license to operate a motor vehicle in New York State? Yes Class _____ No

U.S. MILITARY SERVICE

Have you had U.S. Military Service? Yes No If *yes*, which branch? _____

Active Reserve Date Entered _____ Date Discharged _____

Rank held at discharge _____ Type of Discharge _____

Military Occupation _____

Any military experience applicable to employment desired? Please describe.

EMPLOYMENT HISTORY

List all former full-time and part-time employers beginning with the most recent. Use additional sheet if needed.

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving	May We Contact?
Month Year	Month Year				

Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

Description of your duties _____

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving	May We Contact?
Month Year	Month Year				

Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

Description of your duties _____

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date	Leaving Date	Starting Pay	Final Pay	Reason for Leaving	May We Contact?
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Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

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