



Greene Central School District

40 South Canal Street
Greene, New York 13778
Phone: (607) 656-4161
Fax: (607) 656-9362

SUPPORT STAFF & SUB TEACHER APPLICATION

Position Applying For _____ Date _____

PERSONAL INFORMATION

Name _____
Last First Middle

Present Mailing Address _____

Email _____ Tel. _____
(Include Area Code)

Permanent Mailing Address _____

Email _____ Tel. _____
(Include Area Code)

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 (Sub teacher positions please check 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 does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans with Disabilities Act or §504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

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	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	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	Reason for Leaving	May We Contact?
Month Year	Month Year		

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

Description of your duties _____

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character.

Name

Position/Relationship to You

Address & Telephone No.

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

Signature of Applicant _____

APPLICANT'S STATEMENT

Give any additional information which you think might be of value in considering you for a position.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant's Signature

Date

Please submit all completed applications to the District Office