



# Greene Central School District

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

## SUPPORT STAFF 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

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.

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## 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 \_\_\_\_\_

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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.

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