

Mount Markham

Central School

Date _____

Employment Application

West Winfield, NY 13491

POSITION PREFERENCE

Teaching	Cust _____	Bldg Aide _____	Bus Aide _____
Substitute Teaching	Non Teaching	Substitute	

Subject	Position	Position
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PERSONAL INFORMATION

Name _____

Last	First	Middle
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Present Mailing Address _____ Phone () _____

Street, Town, Zip

Email Address _____

Social Security No _____ Retirement No _____

Are you capable of performing in a reasonable manner, the activities involved in the job or occupation for which you applied for?

Yes No If no explain _____

Do you have a legal right to work in the United States? Yes No

If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship? Yes No

Have you ever been convicted of a crime? Yes No is yes, explain _____

Did you receive a dishonorable discharge? Yes No N/A

A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision. *Section 75 Rights*

CERTIFICATION / LICENSE

I hold the New York State Teaching / Administrative Certificate(s) described below: (provide copies)

Permanent	Provisional	Initial	Area	Date Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

Do you have an evaluation of your NYS certificate status? Yes No (if yes, enclose a copy)

EDUCATIONAL PREPARATION

Name and Location of School	Name of Studies	Did You Graduate?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Name and Location of School	Dates Attended	Nature of Studies	Degree	Date Granted
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade*				

*provide copy of transcripts

TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes No If yes, complete

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-z? Yes No

Name and address of school district where tenure was granted _____

PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members)

OTHER SKILLS AND ABILITIES

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character:
Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we refer to your present employer? Yes No

May we refer to your former employer? Yes No

Placement Folder may be secured from: (Name & Address) _____

REGULAR OR SUBSTITUTE DRIVER APPLICATION

Name: _____ Telephone or Cell: _____
Social Security # _____ Date of Birth: _____
Present Address: _____ Sex: _____ Marital Status: _____
Previous Address: _____
Class of Driver's License _____ Exp Date of Such License _____
Motorist Identification Number _____ State of Issuance _____

How many years have you driven? _____ Years

Have you ever had an accident while driving the past five years which resulted in injuries to yourself or others?

Yes No

If yes, describe extent of accident or accidents

Have you been convicted of moving violations (reckless driving, speeding, etc.) or of any criminal act during the past three years?

Yes No

If yes, give:

Date	Charge	Court and Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Active driving experience: _____ Years

_____ Years
(Passenger bus or heavy truck)

_____ Years
(Light truck or station wagon)

Do you use intoxicants? Frequently Seldom Never

Do you use drugs? Frequently Seldom Never

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

Are you presently employed? Yes No

If yes, where? _____

List employment, in consecutive order for the past three years:

Have you ever attended a Bus Driver Training Course? Yes No

Other such courses? Yes No If yes, give date and duration of each kind of course:

Did you receive a certificate? Yes No

Attach to this application for at least three (3) statements from three different persons who are not related to you either by blood or marriage pertaining to your mortal character and reliability.

To the best of my knowledge and belief the answers to the above questions are true.

 Date

 Applicant's Signature

• I have read the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of bus driver for the year

20 _____ to 20 _____ for School District No. _____

I hereby approve his/her employment.

 Date

 Supervisor of the carrier or
 Chief School Officer

If you knowingly make a false statement in this application, you commit a misdemeanor.

*Denotes Education Department requirements.