

GREENPORT UFSD

Employment Application



DO NOT INDICATE "SEE RESUME"

APPLICANT INFORMATION

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Application for the position of: | | | | | |
| Last Name | | First | | M.I. | Date |
| Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | | E-mail Address | | |
| Date Available | | | Social Security No. | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

EDUCATION & PROFESSIONAL TRAINING (LIST IN CHRONOLOGICAL ORDER)

| | Name of Institution and Location | Dates of Attendance | Field | Degree | Date |
|----|----------------------------------|---------------------|-------|--------|------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

CIVIL SERVICE EXAMINATIONS TAKEN

| | Title of Exam | Date Taken | Grade Achieved |
|----|---------------|------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

| EDUCATIONAL PREPARATION |
|--|
| List other educational preparation pertinent to the position(s) for which you are applying (i.e., institutions, seminars or training programs) |
| |
| |
| |
| |
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| |

| WORK EXPERIENCE | | | | | |
|------------------------|-----------------|---------|----------------|-------|--------------------|
| | Employer's Name | Address | Nature of work | Dates | Reason for leaving |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

| PERSONAL DATA |
|---|
| Please fill in any data or special qualifications you consider pertinent: |
| |
| |
| |

| REFERENCES: | | | | |
|---|------|----------|---------|--------------|
| Please list the names and addresses of four (4) individuals having personal knowledge of your professional training, abilities, character and experience. | | | | |
| | Name | Position | Address | Phone Number |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

LEGAL QUESTIONS

Applicants must answer all questions and explain any questions where you have checked yes on an attached sheet

| | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI conviction <u>are not minor</u> and must be reported.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Have you ever been arrested for a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Have you ever been charged with a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. | Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. | Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. | Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. | Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. | Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. | Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. | Have you ever been arrested for an act of violence, including domestic violence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. | Have you ever been charged for an act of violence, including domestic violence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. | Have you ever been convicted for an act of violence, including domestic violence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. | Has your professional license ever been revoked? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. | Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed arrangement? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. | Have you ever been the subject of an investigation by a school district or any other employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17. | Have you ever had sanctions placed on your teaching certificate for any reason? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18. | Have you ever been denied a teaching certificate anywhere? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 19. | Is disciplinary action currently pending anywhere against your certificate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Any falsified responses on the application are grounds for dismissal after you are hired.

DISCLAIMER AND SIGNATURE

I hereby certify the statements made in this application are accurate to the best of my knowledge. Falsification of any information may be construed as grounds for dismissal.

Signature

Date

The Greenport UFSD does not discriminate on the basis of sex, disability, race, religion, national origin, age or marital status in all matters related to the operation and the programs offered by the district.

Please return completed application to:
 Human Resources
 Greenport UFSD
 720 Front Street
 Greenport, NY 11944