

Springville-Griffith Institute Central School District

Providing Quality Education Since 1830

APPLICATION FOR EMPLOYMENT NON-TEACHING

DISTRICT OFFICE
307 Newman Street, Springville, N.Y.
14141-1599
716-592-3228



Springville-Griffith Institute Central School District is in compliance with the U.S. Civil Rights Act of 1964 and the Title IX Educational Amendments of 1972, Part 86. The District provides equal employment opportunity to all individuals and does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, age, or handicap. Compliance officer is Superintendent of Schools, 307 Newman Street, Springville, New York 14141.

JOB(S) APPLIED FOR

- Full Time Part-Time
- Teacher Aide
- Clerical, Civil Service
- Cleaner
- Custodial
- Groundskeeper, Laborer
- Maintenance
- Monitor - Cafeteria
- Monitor - Suspension
- Bus Driver
- Bus Mechanic
- Mechanic Helper
- Other (Specify) _____

Dates of Interview
_____/_____/_____
Interviewer's Initials

ASSIGNMENT
As _____
for _____
Building _____
Effective Date _____
Step _____ Rate _____
Comments: _____

PERSONAL INFORMATION

Name _____
Last
First
Middle

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check on your work record? If yes, please explain. _____

Address _____ Telephone _____
Street
City
Zip Code

Years at above address _____ Social Security Number _____

Have you ever been convicted of a crime, excluding minor traffic offenses? _____ Are any criminal charges or proceedings pending against you? _____ If yes to either or both of the above, please explain on a separate sheet of paper.

Do you have any physical, medical or mental condition which may limit your ability to perform the particular job for which you are applying? YES NO If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____

List any friends or relatives other than spouse working for us. _____

Are you over the age of 18? _____ If not, state your age. _____

EDUCATIONAL PREPARATION

Name & Location of School	Dates Attended	Course of Study	Check Last Year Completed	Did You Graduate	List Diploma or Degree	Date Graduated
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		

FINGERPRINTING: Effective July 1, 2001, Education Law §§305(30), 3004-b, 3004-c and 3035, as amended by Chapter 180 of the Laws of 2000, and Part 87 of the Commissioner's Regulations require the Commissioner of Education to request a fingerprint-supported criminal history background check for applicants for certification as well as for prospective employees of school districts, charter schools and boards of cooperative educational services (BOCES). Prospective employees of school districts must be fingerprinted and issued criminal clearance by the State Education Department before commencing with employment. Fingerprinting packets, instructions or information can be obtained at the S-GI Superintendent's Office. There is a \$74.00 fee charged by the NYS Education Department for processing the fingerprint cards. Please review any questions about responsibility for paying the fee when you contact the office for a packet.

ACTIVITIES

Activities in High School, College, Community _____

Awards, Honors, Recognition _____

EMPLOYMENT EXPERIENCE

List most recent experience first

Name and Address of Employer	Supervisor's Name Title & Telephone Number	From Mo. / Yr.	To Mo. / Yr.	Reason For Leaving
		/	/	
		Annual Salary		
Describe in detail the work you did _____				
		/	/	
		Annual Salary		
Describe in detail the work you did _____				
		/	/	
		Annual Salary		
Describe in detail the work you did _____				
		/	/	
		Annual Salary		
Describe in detail the work you did _____				

Have you ever been released or asked to resign an employment position? _____ If yes, explain on a separate sheet.

Indicate employers listed above whom you do not wish us to contact. _____

MILITARY SERVICE <small>Limit your responses to U.S. Armed Forces or A State Militia</small>	DATES		Type of Discharge	Branch	Final Rank
	From	To			

Please fill out additional information for the particular type position for which you are applying.



TEACHER AIDE / MONITOR

Indicate experiences that qualify you for working with students in a supervisory or instructional setting.

Are you interested in substitute work in this area? YES NO

CLERICAL



Your average typing speed _____ W.P.M. Do you take shorthand? If yes, speed _____ W.P.M.

Do you have a preference or background for working in purchasing, accounts payable or payroll? If yes, please explain. _____

Have you taken civil service examinations for clerical positions? If yes,

When _____ Where _____

Title(s) _____ Scores _____

Are you interested in substitute work in this area? YES NO

CUSTODIAL



Have you had experience or training in institutional cleaning? If yes, please explain. _____

Have you taken civil service examinations for custodial positions? If yes,

When _____ Where _____

Title(s) _____ Scores _____

Are you interested in substitute work in this area? YES NO

MAINTENANCE

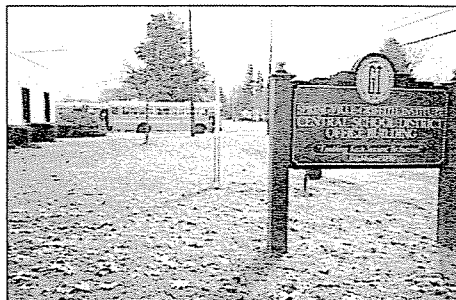


Job Titles in this area are: Laborer, Groundskeeper, Motor Vehicle Operator, General Mechanic, Carpenter, Electrician, Plumber, Etc.

Indicate experience or training that qualifies you for your area of preference. _____

Type of driver's license _____ Have you been charged with moving traffic violations (reckless driving, speeding, etc.) within the last 5 years or with any criminal act? If yes, give:

Date	Charge	Disposition	Court and Location
_____	_____	_____	_____



TRANSPORTATION

Answer the following if applying for regular or substitute bus driver:



Class Of Driver's License _____ Expiration Date _____
 Motorist Identification No. _____ State of Issuance _____

Attach to this application form at least three (3) statements from three (3) different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability. Include their names and address.

Have you ever had an accident while driving which resulted in injuries to yourself or others? YES NO
 If yes, describe in detail _____

Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act? YES NO
 If yes, give:

Date	Charge	Disposition	Court and Location

Active driving experience:
 School bus _____ years; Passenger bus or heavy truck _____ years; Light truck or station wagon _____ years.

Do you use intoxicants? Frequently () Seldom () Never ()
 Do you use drugs? Frequently () Seldom () Never ()
 Have you ever had any convulsions or periods of unconsciousness? YES NO

If you are interested in automotive mechanics or body repair work, please indicate experience or training that qualifies you for these areas. _____

I have reviewed the above application, the three (3) character statements and the report of the physician pertaining to the above named applicant for the position of bus driver for the years of 20__ - 20__ for the Springville-Griffith Institute Central School District.
 I hereby approve his/her employment.

 Date Supervisor of Transportation/Chief School Officer

REFERENCES

Give the names of three (3) references who have closely observed your work as an employee or student. Recommendations by present and former supervisors, principals and others are preferred.

Please Print	1	2	3
Name			
Position			
Address include zip code			
Telephone	()	()	()

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

 Date Signature of Applicant

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 hereby authorize you to check the accuracy of the information contained in this application and understand that I will be subject to all State and Federal regulations applicable to the possession of a Commercial Drivers License, including but not limited to, fingerprinting, drug and alcohol testing.

Dated _____ 20____ Signature of Applicant _____

If You Knowingly Make A False Statement In This Application, You Commit A Misdemeanor.