

**SAUGERTIES CENTRAL SCHOOL DISTRICT
Classified Employment Application**

PERSONNEL OFFICE * CALL BOX A * SAUGERTIES, NY 12477 PHONE: (845) 247-6505

Date(s) of Interview _____

Interviewer _____

Recommended Assignment:

As _____

For _____

Building _____

Effective Date _____

Rate _____

Comments: _____

Job(s) Applied For:

Full Time Part Time
 Substitute Temporary

 Teacher Aide
 School Monitor
 Clerical
 Registered Nurse
 Custodian
 Custodial Worker
 Cafeteria
 Other _____

All applicants are to complete pages 1, 2, 3 and 6 plus the appropriate sections
on pages 4 and 5 for the position for which you are applying

Date _____

PERSONAL INFORMATION

Name _____

Last

First

Middle

Address _____

E-Mail Address _____

Years at above address _____ Social Security No. _____ - _____ - _____ Telephone No. _____

New York State Employee's Retirement System No. _____ (if a member)

Are you capable of substantially performing the duties of the job for which you are making application, with or without a reasonable accommodation? _____ Yes _____ No. If a reasonable accommodation is requested, please state the nature of the reasonable accommodation. _____

List any persons working for us who know you _____

Please write "yes" if you are a U.S. military veteran _____ / volunteer firefighter _____.

Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable?

In your most recent position, how many days were you absent during your last year of employment due to Personal Illness? _____ Family Illness? _____ Bereavement? _____ Personal Business? _____.

To be completed by all applicants

PERSONAL INFORMATION (Continued)

Have you ever been convicted of a crime* (felony or misdemeanor)? ____ Yes ____ No. If "Yes" please answer the following questions:

1. What crime or crimes were you convicted of? _____

2. What year was the crime committed? _____
What year were you convicted? _____
3. What court convicted you and where was it located: Court _____
Location _____
4. Did you serve time? ____ Yes ____ No. If "Yes", how long? _____
Are you presently on parole? ____ Yes ____ No. If "Yes", when will your parole end? _____
5. List all of your employment since the time of your release from prison _____

* Please note that conviction of a crime will not necessarily exclude an applicant from employment; each case will be judged on a case by case basis.

To be completed by all applicants

EMPLOYMENT EXPERIENCE

List most recent experience first. List all prior employers. Use additional sheet if needed.

Name and Address of Employer	Supervisor's Name and Title	From Mo.	Yr.	To Mo.	Yr.	Reason for Leaving
<div style="text-align: right;">Phone () _____ Annual Salary _____</div>						
Describe in detail the work you did _____						

Name and Address of Employer	Supervisor's Name and Title	From Mo.	Yr.	To Mo.	Yr.	Reason for Leaving
<div style="text-align: right;">Phone () _____ Annual Salary _____</div>						
Describe in detail the work you did _____						

Name and Address of Employer	Supervisor's Name and Title	From Mo.	Yr.	To Mo.	Yr.	Reason for Leaving
<div style="text-align: right;">Phone () _____ Annual Salary _____</div>						
Describe in detail the work you did _____						

Name and Address of Employer	Supervisor's Name and Title	From Mo.	Yr.	To Mo.	Yr.	Reason for Leaving
<div style="text-align: right;">Phone () _____ Annual Salary _____</div>						
Describe in detail the work you did _____						

Indicate any Employers listed above you do not wish us to contact. _____

Have you ever been released from or asked to resign an employment position? _____

EDUCATIONAL PREPARATION

Name & Location of School _____ Major _____ Minor _____ Diploma or Degree Granted _____

High School _____

College _____

Business or Trade _____

Other _____

ACTIVITIES

Activities in High School, College, Community which are relevant to the position for which you are applying _____

Awards, Honors, Recognition _____

REFERENCES

Give the names of three references who have closely observed your work as an employee or student. Recommendations by present and former supervisors and principals are preferred. Please print.

Name _____

Position _____

Address _____

(include zip code) _____

Telephone (____) _____

Name _____

Position _____

Address _____

(include zip code) _____

Telephone (____) _____

Name _____

Position _____

Address _____

(include zip code) _____

Telephone (____) _____

To be completed by all applicants

PLEASE FILL OUT ADDITIONAL INFORMATION ONLY FOR THE PARTICULAR TYPE POSITION FOR WHICH YOU ARE APPLYING.

TEACHER AIDE 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 []

MONITOR Have you ever had experience supervising children in an institutional setting? ____ If yes, describe _____

Please indicate your reasons for seeking employment in this area _____

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 any computer experience? _____ If yes, Please explain _____

Do you have a preference or background for working in a specific program? ____ If yes, please explain _____

Have you taken any Civil Service examinations for clerical positions? If yes, when _____ Where _____

Title(s) _____ Score(s) _____

Are you interested in substitute work in this area? Yes [] No []

REGISTERED NURSE Do you have a currently valid New York State RPN license? License # _____ Effective date _____ Expiration date _____ Do you have nursing experience in a school setting or with children? _____ If yes, please explain _____

Are you interested in substitute work in this area? Yes [] No []

CAFETERIA Indicate experiences that qualify you for working in a school cafeteria setting _____

Are you interested in substitute work in this area? Yes [] No []

**CUSTODIAN/
CUSTODIAL
WORKER**

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

Have you ever supervised others in an institutional cleaning operation? _____ If yes, please explain _____

Have you ever taken any Civil Service Examinations for custodial position? _____

If yes, When? _____ Where? _____

Title(s) _____ Score(s) _____

Are you interested in substitute work in this area? Yes [] No []

MAINTENANCE

Indicate experience or training that qualifies you _____

Type of Driver's License* _____

*Answer only if position applied for requires driving.

Have you been convicted of a moving violation(s), (e.g. reckless driving, speeding, etc.) during the last 5 years? _____ If yes, give:

Date: _____

Charge: _____

Disposition: _____

Court and Location: _____

Have you ever been involved in an automobile accident which caused injury or death to anyone? _____ Yes _____ No. If yes, please explain, give dates and outcome _____

Have you ever taken any Civil Service examinations for Maintenance position _____ If yes, When _____ Where _____

Title(s) _____ Score(s) _____

Are you interested in substitute work in this area? Yes [] No []

COACH

Position applied for _____

Indicate previous coaching experience _____

First Aid Certification: Yes [] No [] Expiration Date _____
Mo. Day Yr.

CPR Certification: Yes [] No [] Expiration Date _____
Mo. Day Yr.

AUTHORIZATION

I hereby authorize you to make any investigation of my personal history, including criminal record check, financial credit and employment record. I waive my right of access to any information provided by record. I waive my right of access to any information provided by references or other sources in the process of investigating my personal background and work record.

Signature

Date

AFFIRMATION

Inaccurate answers or falsification of any statements and/or accompanying documents may result in disqualification from employment, withdrawal of an offer of employment, or dismissal from employment.

I declare and affirm that the statements made in this application and any accompanying documents are true, complete, and correct.

Signature of Applicant

Date

The Saugerties Central School District does not discriminate on the basis of age, color, religion, creed, marital status, veteran status, national origin, race, or gender in its educational programs, activities, and/or hiring. In addition, the District does not discriminate on the basis of disability and hereby acknowledges its obligation not to discriminate and encourages persons with disabilities to contact it in regard to reasonable accommodations. Inquiries concerning this policy of equal opportunity should be referred to the District's Office of the Assistant Superintendent, Saugerties Central School District, Call Box A, Saugerties, NY 12477

To be completed by all applicants



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying:

Exam # (if applicable): _____

Leave this space blank.

Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filing out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examinafor announcement.

MAIL OR DELIVERY: Ulster County Personnel Department, County Office Building, 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ Social Security Number: _____ - _____ - _____
Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address:

_____ Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address:

_____ Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.		Length of Residency (Yrs./Mos.)	
School District			
Town			
Village			
County			
State			

Are you currently a United States citizen? Yes No If not, please provide alien registration number: _____

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.
 If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:

_____ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district,) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2

1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
 Yes No

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No
 NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

- A. December 7, 1941 to December 31, 1946
 - B. June 27, 1950 to January 31, 1955
 - C. December 22, 1961 to May 7, 1975
 - D. August 2, 1990 to "date to be determined"**
 - E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952
- Yes No

Did you receive an expeditionary medal for any of the following conflicts?

- F. Lebanon - June 1, 1983 to December 1, 1987
- G. Grenada - October 23, 1983 to November 21, 1983
- H. Panama - December 20, 1989 to January 31, 1990

Yes No

I. I am currently on active duty (for other than training purposes).

Yes No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes No

5. Are you: A non - disabled war veteran _____
 A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____
 Name of school/issuing agency _____
 Address: _____
 Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: ___/___/___ To: ___/___/___ (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
_____	_____ To _____							
_____	_____ To _____							
_____	_____ To _____							
_____	_____ To _____							

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 3

10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____
DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.					

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

Length of Employment (Mo/Yr) From ___/___/___ To ___/___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

