

GUILDERLAND CENTRAL SCHOOL DISTRICT

Human Resources Office
8 School Road – PO Box 18
Guilderland Center, NY 12085-0018
(518) 456-6200

EMPLOYMENT APPLICATION

Date: _____

Name: _____

Address: _____

Phone or other means of contact: _____

Social Security Number: _____

Are you currently an active member of New York State Employees Retirement System?

Yes _____ NYSERS Number _____ No _____

Are you a United States Citizen:

Yes _____ No _____

Documents verifying citizenship will be required when you are employed under provisions of the Immigration Reform and Control Act of 1986.

POSITION DATA

Position/Type of work desired: _____

Date Available: _____

Location (building) desired: _____

Have you previously applied to Guilderland Central? Yes No

If yes, when? _____

How were you referred to Guilderland Central? _____

Guilderland Central School District does not discriminate on the basis of race, color, national origin, age, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

Guilderland is a tobacco free school district.

EDUCATIONAL BACKGROUND

Schools Attended	Name & Location	Major/Minor	*Did you graduate?	Diploma/Degree
High School				
College/ Technical Schools				

*If not graduated, why did you leave school? _____

SKILLS

Typing speed? _____ WPM Word Processing Skill: Yes No

Office machines operated? List: _____

Other skills and abilities? (Carpentry, mechanics, child care/assistance, etc.) List: _____

ACTIVITIES (School, Community)

List membership in school and community organizations, including offices held:

ORGANIZATION	OFFICE(S) HELD

MILITARY SERVICE

If you have ever served in the military, complete this section:

BRANCH	ACTIVE DUTY ENTRY DATE	DISCHARGE DATE	TRAINING OR SPECIALITY

EMPLOYMENT HISTORY

List your most recent employment first:

EMPLOYER'S NAME & ADDRESS	TITLE/JOB RESPONSIBILITIES	DATES		DATE LEFT
		FROM	TO	

Supervisor: _____ May we contact? Yes No

Phone: _____ Salary: To Start _____ Final _____

EMPLOYER'S NAME & ADDRESS	TITLE/JOB RESPONSIBILITIES	DATES		DATE LEFT
		FROM	TO	

Supervisor: _____ May we contact? Yes No

Phone: _____ Salary: To Start _____ Final _____

EMPLOYER'S NAME & ADDRESS	TITLE/JOB RESPONSIBILITIES	DATES		DATE LEFT
		FROM	TO	

Supervisor: _____ May we contact? Yes No

Phone: _____ Salary: To Start _____ Final _____

EMPLOYER'S NAME & ADDRESS	TITLE/JOB RESPONSIBILITIES	DATES		DATE LEFT
		FROM	TO	

Supervisor: _____ May we contact? Yes No

Phone: _____ Salary: To Start _____ Final _____

REFERENCES

List any friend or relatives working for Guilderland Central:

NAME	RELATIONSHIP	POSITION, if known

REFERENCES (continued)

List personal references, no former employers or relatives:

NAME/TITLE	ADDRESS	PHONE

Tell us about yourself

Is there anything else about you that we should know which would help judge your suitability for a position with us?

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY

FOLLOW UP RECORD

Reviewed by	Date	Initial	Comments