

Application for Employment

Cambridge Central School

Administrative Offices
 58 South Park Street
 Cambridge, NY 12816
 518-677-2653 Fax 518-677-3889

An Equal Opportunity Employer

Position Applied For: _____ Date: _____

Referral Source: Advertisement Department of Labor Employee Walk-in
 Employment Agency _____
 Other (Please Specify) _____

Name: _____

Address: _____
(City) (State) (Zip)

Telephone(s): Home: ()- _____ Cell: ()- _____

Are you a United States Citizen? Yes No
 Have you ever been convicted of a crime? Yes No
 Have you ever been convicted of a crime relating to abuse or sexual offense against a child? . . . Yes No
 Do you have any physical, mental, or medical impairment which would prevent you from performing the job for which you have applied? Yes No

(For Teachers ONLY)

Have you ever been subject to a Professional investigation by New York State Division of Certification? Yes No

If you answered "Yes" to any of the above questions, PLEASE explain:

Education

	High School	College/University	Graduate School
Name of School			
Address of School			
Years completed	9 10 11 12	1 2 3 4	1 2 3 4
Major Course of Study			
Degree/ Diploma			

Certification Held (For Teacher or Teaching Assistant Applicants ONLY)

Certification Area	Type of Certification	State of Certification	Dates Valid	Certification Number

Military Service

Have you served in the Armed Forces of the United States?

Yes No

If "Yes", PLEASE complete below:

Present Selective Service status: _____ Branch of service: _____

Rank: _____ Service dates: From: _____ To: _____

Previous Service Branch: _____ Rank: _____

Service dates: From: _____ To: _____ Experience: _____

Employment Record

List most recent experience first

Employer: _____ Job Title: _____
Address: _____ Supervisor: _____

Salary: _____
Telephone: (_____) - _____ Dates Employed: _____
Work performed: _____
Reason for leaving: _____

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Address: _____ Supervisor: _____

Salary: _____
Telephone: (_____) - _____ Dates Employed: _____
Work performed: _____
Reason for leaving: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

Business References

(Give name, Address and Telephone numbers of **THREE** references who are **NOT** related to you.)

Name: _____ Telephone(s): (____) - _____
Address: _____ (City) (State) (Zip)

Name: _____ Telephone(s): (____) - _____
Address: _____ (City) (State) (Zip)

Name: _____ Telephone(s): (____) - _____
Address: _____ (City) (State) (Zip)

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I may/will be required to consent to fingerprinting and a criminal history check and authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI.

Additionally, I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the School District. I further understand that, pending my fingerprinting results and background check, my employment is conditional and I will be terminated should these checks not permit me to gain employment.

(Signature)

(Date)

Please send the completed application form to:

Dr. Douglas M. Silvernell, Superintendent of Schools
Cambridge Central School District
58 South Park Street
Cambridge, NY 12816