

Application for Employment

Cambridge Central School

Administrative Offices  
 58 South Park Street  
 Cambridge, NY 12839  
 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: \_\_\_\_\_  
Telephone: ( )- \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: ( )- \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: ( )- \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: ( )- \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: ( )- \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## Special Skills and Qualifications

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

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## 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 Silvernell, Superintendent of Schools  
Cambridge Central School District  
58 South Park Street  
Cambridge, NY 12839