

**APPLICATION
FOR
EMPLOYMENT**

Return to: **NORTH TONAWANDA
CITY SCHOOL DISTRICT
176 WALCK ROAD
NORTH TONAWANDA, NY 14120**

ACTIVE TO:

RECEIVED

TITLE OF POSITION APPLYING FOR (see page 4 for list)

Applications are considered active for one year from the date of filing.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last Name	First	M.I.
Street Address		
City or Post Office	Home	Business
Phone (include Area Code)		

**** IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS****

7. Check the appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Are any criminal charges or proceedings pending against you? YES NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- E. Have you ever resigned from any employment at the request of any employer to avoid discharge, or any other disciplinary action? YES NO

If you answered "YES" to any of the Questions 7 A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

2. SOCIAL SECURITY NUMBER

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North Tonawanda City School District provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other group protected by federal, state or local laws.

Equal Opportunity Employer

- 3. Are you 18 years of age or older? YES NO**
If minimum and/or maximum age requirements are established for this position, enter your birth date:
Mo. _____ Day: _____ Year: _____

- 4. Are you a citizen of the United States YES NO**
If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? YES NO
Additional documentation required.

5. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	NAME	YEARS	Mos.
School District	_____	_____	_____
Village of:	_____	_____	_____
Town of:	_____	_____	_____
County of:	_____	_____	_____
State of:	_____	_____	_____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on all pages of this application (including any attached papers) are true under the penalty of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I understand that if I am considered for an offer of employment, the school district will conduct a background investigation which may include but not limited to: asking current and former employer(s), professional references, and educational institutions about my education, training, experience, job performance, professional conduct and evaluations, reason(s) for leaving employment, whether I would be rehired and similar information.

- 6. Have you any obligations to this department making inquiry regarding your character of qualifications from:**
(A) Your former employers?
(B) Your present employer?
If answer is yes to either (A) or (B) explain on Page 3

DO NOT WRITE IN THIS SPACE

Rec'd _____	Approved _____
NTCSD 7-2023	Disapproved _____

Signature of Applicant _____ Date _____

8. EDUCATION

If Your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

- I have requested my college to send my transcripts to the Niagara County Civil Service Commission
 My transcript(s) are attached My transcript(s) are on file with the Niagara County Civil Service Commission

Have you graduated from high school? Yes No

If Yes, Name and Location of High School: _____

If you graduated from high school equivalency diploma, indicate: Issuing Government Authority: _____ Number: _____

	Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited?	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To								
College University Professional Or Technical School											
Other Schools or Special Courses											

9. LICENSES

If a license, certificate or the authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying complete the following questions: If not currently licensed check this box

Name of Trade or Profession _____ License _____ Granted by (licensing agency) _____ City or State of _____

Speciality _____ Date License First Issued _____ Registered From: (Mo./Yr.) _____ To: (Mo./Yr.) _____

10. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No CLASS _____

11. DESCRIPTION EXPERIENCE

Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment. (If more space is needed attach 8.5" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of work personally performed by you. State size and kind of working force, if any, supervised by you.

LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	EMPLOYER NAME	ADDRESS	CITY AND STATE
	DESCRIBE DUTIES BELOW:		
	TYPE OF BUSINESS		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
No. of hours worked per week (exclusive of overtime)			
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YOUR EXACT TITLE				
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SUPERVISOR'S TITLE				
No. of Hours worked per week (exclusive of overtime)				

<p>REMARKS</p>

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS SECTION MUST BE COMPLETED BY APPLICANT

A. Position(s) applying for. Please check no more than three and list on page one of this application.

<input type="checkbox"/>	School Monitor	<input type="checkbox"/>	Groundskeeper
<input type="checkbox"/>	Teacher Aide	<input type="checkbox"/>	Custodian
<input type="checkbox"/>	Professional School Nurse	<input type="checkbox"/>	Cleaner
<input type="checkbox"/>	Clerk/Typist	<input type="checkbox"/>	School Bus Driver
<input type="checkbox"/>	Security Guard	<input type="checkbox"/>	School Bus Attendant
<input type="checkbox"/>	Other (specify) _____		

B. Please check if you are interested in:

Full-time Part-time Substitute

C. Are you aware of existing vacancies in the District?

YES NO

Please specify _____

D. How did you become aware of this opening?

YES NO

E. Other than the Personnel Office Staff, have you spoken with any school district staff or Board of Education member concerning employment with the school district?

If so, who? _____

YES NO

Are you related to a Board of Education or staff member?

Please provide relationship _____

G. Please provide at least (3) three references that may be contacted with regard to your work habits and/or personal characteristics:

Name _____ Personal Professional
Address/ Company _____ Phone _____

Name _____ Personal Professional
Address/ Company _____ Phone _____

Name _____ Personal Professional
Address/ Company _____ Phone _____

FOR OFFICIAL USE ONLY:		
APPROVED	DISAPPROVED	DATE
VC	<input type="checkbox"/>	
DVC	<input type="checkbox"/>	

THIS SECTION FOR DISTRICT USE ONLY:				
AA. Civ. Ser. Action:	Pos. <input type="checkbox"/>	App. <input type="checkbox"/>	Den. <input type="checkbox"/>	Date <input type="checkbox"/>
	Pos. <input type="checkbox"/>	App. <input type="checkbox"/>	Den. <input type="checkbox"/>	Date <input type="checkbox"/>
BB.	Inter. Date _____	Rec. _____	N. Rec. _____	
CC.	Hired: _____	Date of Board Action _____	Eff. Date _____	
DD.	Position _____	Status _____	Salary _____	
EE.	Permanent Due _____			