



NORTH TONAWANDA CITY SCHOOL DISTRICT

ADMINISTRATIVE SERVICES

176 Walck Road • North Tonawanda, New York 14120 • (716) 807-3510 • FAX (716) 807-3522

GREGORY J. WOYTILA
Superintendent of Schools

Laurie Burger
Executive Director of Human Resources
and Administrative Services

Dear Applicant,

Thank you for considering employment with the North Tonawanda City School District.
A complete application should include:

1. Answering all questions on the buff colored School District application
2. Answering all questions **in detail** on the white Niagara County Civil Service application. This form must be completed and returned with the School District form to the School District Personnel Office.
3. If the application is for Professional School Nurse, you must include a copy of a current RN license.

You will be required to be fingerprinted before employment commences.
All fingerprinting required by the Education Department for certification or employment in schools must be scheduled with MorphoTrust at: www.IdentoGO.com
or 1-(877)-472-6915.

Once again, thank you for your efforts.

Best Regards,

Laurie Burger

Laurie Burger
Executive Director of HR
and Administrative Services

**APPLICATION
FOR
EMPLOYMENT**

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

ACTIVE TO:

RECEIVED

TITLE OF EXAM OR POSITION APPLYING FOR (see page 4)

NOTE: Every person recommended for employment in the North Tonawanda City School District is required to obtain a record of any criminal convictions or a statement that there is no record of any criminal convictions from the City of North Tonawanda Police Department and to provide a copy to the District's Personnel Director as prerequisite to appointment or employment. Any fee required must be paid by the applicant.

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 BEFORE OR AFTER EXAMINATION ****

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. Did you ever receive an other than honorable Discharge from the Armed Forces of the United States? YES NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? 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

- -

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD, ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

- 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
(Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at the time of appointment.)

- 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 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.

- 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 _____
Cash _____	Disapproved _____
Check No. _____	

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 North Tonawanda Civil Service Commission
 My transcript(s) are attached My transcript(s) are on file with the North Tonawanda 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
Specialty	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. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. 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 you title or duties change 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, with estimated percentage of time spent on each work. State size and kind of working force, if any, supervised by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any supervised by you and the extent of each supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	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)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	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)			

LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	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)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	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)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	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)			

REMARKS

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.

- | | |
|-----------------------------------|----------------------------|
| _____ Classroom Assistant | _____ Groundskeeper |
| _____ Teacher Aide (BASE Program) | _____ Electrician |
| _____ Cafeteria Aide | _____ Cleaner |
| _____ Professional School Nurse | _____ School Bus Driver |
| _____ Clerk/Typist | _____ School Bus Attendant |
| _____ 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? _____

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? YES NO

If so who? _____

F. Are you related to a Board of Education or staff member? YES NO

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		
DVC		

THIS SECTION FOR DSITRICT USE ONLY: For. On _____			
AA. Civ. Ser. Action:	Pos. _____	App. _____	Den. _____ Date _____
	Pos. _____	App. _____	Den. _____ Date _____
BB.	Inter. Date _____	Rec. _____	N. Rec. _____
CC.	Hired: _____	Date of Board Action _____	Eff. Date _____
DD.	Position _____	Status _____	Salary _____
EE.	Permanent Due _____		



Niagara County Human Resources Department

Employment/Civil Service Exam Application

You must complete a separate application for each examination. You must pay online or attach a check or money order (payable to Niagara County Civil Service.) All fees are non-refundable. Attach your check or copy of your online payment for each examination. NCCS Revised 12/1/2015

Position applying for: _____ Examination #: _____

Name: _____ Examination date: _____
Last First Middle

Is additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record? If yes, please provide any such additional names. _____

Mailing Address: _____
Street (or PO Box) City State Zip Code

Residence Address: _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Niagara County for the past one (1) month? Yes No

Home Telephone Number: _____ Other Telephone Number: _____

Email address: _____ Social Security Number (complete): _____ -- ____ -- ____

Have you served in the U.S. Armed Forces? Yes No Dates of active service: From _____ To _____

Do you wish to claim veterans credits for this exam? Yes No

Wartime veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must complete the Application for Veteran Credits form and submit a copy of the discharge papers (form DD-214 Member copy 4) to our office for each examination.

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veteran credits granted you on such list? Yes No

If yes, name the agency that established the eligible list: _____

Are you a citizen of the United States? Yes No If no, do you have a legal right to work in the U.S.? Yes No

Do you have a valid NY State Driver's License? Yes No If yes, what class? _____

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law and may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with existing pre-employment physical and drug testing policy, I may be required to submit to a physical examination and urinalysis test as a condition for employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

 Signature Date

For Office Use Only

Payment#: _____ Amount of payment: _____	Qualified: <input type="checkbox"/> Yes <input type="checkbox"/> No Conditional: _____
Fee: _____ Received by: _____	Reviewed by: _____ Date: _____
Online Payment: _____ UE Waiver: _____ PA Waiver: _____	Comments: _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

- Date**
- Were you ever dismissed from any employment for reasons other than lack of work or funds? Yes No _____
- Did you ever resign from any employment rather than face dismissal? Yes No _____
- Were you ever convicted of any violation of law other than a minor traffic violation? Yes No _____
- Do you currently have any criminal charges pending? Yes No _____
- Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable"? Yes No _____
- Did you ever forfeit bail or bond posted to guarantee your appearance in court to answer a criminal charge? Yes No _____

Provide an explanation to any of the above for which you marked "Yes." _____

License/Certification – Submit a copy of the license/certification with your application

Do you have a license, certification, or other authorization to practice a trade or profession? Yes No
 Is this license/certification permanent? Yes No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

High School Education

Have you received a High School Diploma? Yes No Check the highest grade completed 8 9 10 11 12

If yes, provide name & location of the high school or issuing government authority: _____

If no, have you received a General Equivalency Diploma (GED)? Yes No Submit a Copy or Indicate # _____

Education above high school level – Official college transcripts must be submitted if not already on file

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Training

Other training you received (i.e. work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____
_____	_____

Work History – List your **complete** post-high school work history. Include dates, all employers, & reason for leaving. Attach additional sheets if necessary.

Have ever worked for Niagara County? Yes No Date: _____ Department: _____

Start Date(M/D/Y)	End Date(M/D/Y)	Employer	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience – Complete the following Work Experience Form on page 4 for all experience that is **relevant to the position to which you are applying**. Make additional copies of the Work Experience Form and attach to your application as needed. Be sure to include your printed name and signature on all attachments. Volunteer experience must be documented by a statement of verification from the agency representative regarding the number of hours volunteered per week and the activities performed.

- Describe your relevant employment, including military experience, beginning with your current or most recent employment
- **Submission of a resume does not relieve you of the responsibility for completing all sections of this application**
- To receive credit for a job, basic employment information such as address, name & title of supervisor, average number of hours worked, final salary, reason for leaving, specific job duties, your job title, etc. must be completed
- You must provide the percentage of time spent on each duty in order to receive proper credit

Part-time and/or verifiable volunteer experience will be pro-rated according to the following scale:

- * 0 to 7 hours per week = no credit
- * 8 to 15 hours per week = 1/4 credit
- * 16 to 22 hours per week = 1/2 credit
- * 23 to 29 hours per week = 3/4 credit
- * 30 hours or more per week = full-time work

Work/Volunteer Experience Form – one employer per page (make additional copies for each experience relevant to the position applying for)

Candidate Name: _____
Last First Middle

Start Date: _____ End Date: _____ Final Salary: _____ Hours worked per week: _____
(Month/Day/Year) (Month/Day/Year) (Hourly or Annual) (Average)

Name, address & phone number of employer: _____

Reason(s) for leaving: _____

Your job title(s): _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Did you supervise anyone? Yes No Number supervised: _____ Type of Supervision: _____
(general, direct, lead worker)

Description of duties: _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
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 _____ %
 _____ %
 _____ %

Total amount of time (percentages) should equal (100%)

All statements are subject to verification. Do you have any objection to our contacting present or past employers to verify the above? Yes No If yes, comment: _____

 Signature

 Date