

**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			
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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)	DESCRIBE DUTIES BELOW:		
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LENGTH OF EMPLOYMENT MO YR   MO YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW:		
\$ /WK/MO/YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of Hours worked per week (exclusive of overtime)			

REMARKS
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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 \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY:</b>		
<b>APPROVED</b>	<b>DISAPPROVED</b>	<b>DATE</b>
<b>VC</b>		
<b>DVC</b>		

<b>THIS SECTION FOR DSITRICT USE ONLY: For. On _____</b>			
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 _____		