



WEST GENESEE CENTRAL SCHOOLS

300 Sanderson Drive

Camillus, NY 13031

Telephone (315) 487-4555

APPLICATION FOR ALL SUPPORT STAFF POSITIONS

Willing to Substitute? Yes No

Position Applying For: _____

Name: _____ Date: _____
(Last) (First) (Initial)

Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

Military Service: Branch _____ From: _____ To: _____

Assignments, Special Schools: _____

Highest Rank: _____

Social Security Number: _____ NYS Employees' Retirement System Number: _____

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain _____

Have you ever been dismissed or asked to resign from any position? ___ Yes ___ No If yes, please explain _____

Certification: Civil Service Classification: _____

Other: _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commission of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)?
___ Yes ___ No

The West Genesee Central School District does not discriminate on the basis of sex, race, color, national origin, disability, sexual orientation or marital status. The West Genesee School District is in full compliance with Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973.

Education

<i>Education</i>	<i>School</i>	<i>Dates From</i>	<i>Dates To</i>	<i>Major Field</i>	<i>Diploma or Degree</i>
<i>High School</i>					
<i>College</i>					
<i>Special Training</i>					

Work Experience

<i>Dates From & To</i>	<i>Employer</i>	<i>Address</i>	<i>Major Duties</i>	<i>Reason For Leaving</i>

References: List the names of at least three (3) persons who have knowledge of your character, personality, scholarship and professional competencies:

- | | Name | Address | Position | Business Phone |
|----|-------|---------|----------|----------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

Please indicate below the date you will be available to begin work, if you are appointed to a position at West Genesee.

Date

I hereby declare the information provided by me on this application is true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution listed above with whom I have been associated to furnish the West Genesee Central School District with any information concerning my employment.

Applicant's Signature