

**TOWN OF WEBB UNION FREE SCHOOL DISTRICT
INSTRUCTIONAL SUPPORT EMPLOYMENT APPLICATION**

Mail To: District Office
Town of Webb UFSD
PO Box 38
Old Forge NY 13420
Phone: 315-369-3222
Fax: 315-369-6216

DATE: _____

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the Town of Webb UFSD.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

*Please do not provide any personal information except that which is specifically requested on the employment application.

NAME: _____

SOC. SEC # (OPTIONAL)* _____-_____-_____

*For payroll purposes and to verify certification records.

FORMER NAME: _____
For purposes of verifying work and education records.

MAILING ADDRESS: _____

HOME PHONE: () _____

CELL PHONE: () _____

E-MAIL: _____

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? _____ Yes _____ No

If yes, what system? _____

What is your number? _____

CIVIL SERVICE STATUS: Are you currently on an active Civil Service List? _____ Yes _____ No

If yes, which list?: _____

EMPLOYMENT HISTORY

Employer	From-To	Position Held:	Supervisor:	Reason for Leaving
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Begin with the most recent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION

School Name and location

Course of Study

Diploma/Degree or Grade Completed

EMPLOYER & PERSONAL REFERENCE

Name and Occupation

Address

Phone

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____
(please provide copy of DD-214) Dates of Service: From _____ To _____

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? _____ Yes _____ No If you answered "Yes", please provide specific details (attach a separate sheet of paper if necessary):

LICENSES

I hold a New York State current license/registration for the following:

Area

Expiration Date

Applicant must provide original NYS license/registration at time of hire.

ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION: _____ Yes _____ No

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE YOU CURRENTLY UNDER CHARGES FOR A NY CRIME (crime includes any misdemeanor or felony, including DWI)? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) _____ Yes _____ No

If yes, please explain: _____

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to any of these questions, you will not necessarily be disqualified as an applicant for employment) _____ Yes _____ No

If you answered yes to the above question, please state in detail the action that was taken against you: _____

HAVE YOU EVER BEEN DISMISSED FROM A POSITION OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) _____ Yes ___ No

If yes, please explain: _____

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that the Town of Webb UFSD will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and, even if I am hired by Town of Webb UFSD, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the Town of Webb UFSD. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the Town of Webb UFSD, I agree to conform to the rules and regulations of the Town of Webb UFSD as set forth in the Town of Webb UFSD handbook and or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Town of Webb UFSD at any time at the Town of Webb UFSD sole discretion without prior notice to me.

I certify that I am available immediately for employment, or as otherwise indicated, and that by accepting employment with the Town of Webb UFSD, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (200 NY Laws, Chapter 180), I understand that I will be discharged by the Town of Webb UFSD, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: _____

Date: _____

Print Name: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I _____, hereby authorize the Town of Webb UFSD to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize the Town of Webb UFSD to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the Town of Webb UFSD.

Signature

Date _____

Print Name

Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.