JOHNSON CITY CENTRAL SCHOOL DISTRICT 666 REYNOLDS ROAD, JOHNSON CITY, NEW YORK 13790 APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our organization.

Johnson City Central School District subscribes to all Federal and State statutes which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran, or any other legally protected status. Inquiries should be directed to Eric Race, Compliance Officer at (607) 930-1006.

NAME: Last	First	ſ	M.I.	Social Security Number				
PERMANENT ADDRESS:								
Street	City	State	Zip	Telephone Number				
1. Are you 18 years or older?		[]	yes []no					
2. Are you employed now?		[]	yes []no					
If so, may we inquire of your present employer?		[]	yes []no					
3. Position applied for:		Rate of pay expected \$/wk						
4. Other position(s) qualified for:								
5. Are you legally eligible for employ	ment in the United State	es? []	yes []no					
6. Special Licenses or Certifications	:							
Expiration Date:								
7. Have you taken a Civil Service Ex	kamination? [] yes [] no Date: _						
		TestTitle:						
8. Do you belong to the New York S	tate Employees' Retirem	nent System: []yes []no					
If so, give retirement number:								
EDUCATION								
Check Highest Grade Completed:	Grade School	High Schoo	ol Colle	ege Graduate				
	1 2 3 4 5 6 7 8	9 10 11 1	2 12	3 4 1 2 3 4				
	Name and Location		Cou	rse Degree (classification)				
High School:				(classification)				
High School: College:				(classification)				
				(classification)				

EMPLOYMENT RECORD (List most recent first)

	•		•	
Name of Employer	Address		Pho	ne
Dates of Employment: From	То			
Type of Business:				
Your Position/Title:				
Reason for Leaving:				
Briefly describe your duties and res	ponsibilities:			
Name of Employer	Address		Pho	ne
Dates of Employment: From	То			
Type of Business:				
Your Position/Title:				
Reason for Leaving:				
Briefly describe your duties and res				
Name of Employer Dates of Employment: From Type of Business: Your Position/Title: Reason for Leaving:	Sup	 ervisor:		
Briefly describe your duties and res				
	of any period of unemploymer	-		I sheet)
REFERENCES	S: (Not related to you by eith	er blood or marr	iage) (List three)	
Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known
After a conditional offer of employment, I underst the satisfaction of the Johnson City Central Sch authorize investigation of my employment record other persons, corporations or organizations for f termination of employment if hired. I understand a or salary, be terminated at any time without any p	nool District before starting work. I auth d and references. I hereby release from lia furnishing such information. I understand and agree that, if hired, my employment is	orize investigation of a bility the employer and i that any misrepresentati for no definite period and	ny information provided on ts representatives for seekir on or omission is cause for d may, regardless of the dat	this application and als ng such information and a voiding this application of payment of my wage