

LISBON CENTRAL SCHOOL

APPLICATION FOR EMPLOYMENT

Applicant: Thank you for your interest in our school system. It is the policy of the Lisbon Central School District not to discriminate on the basis of sex, race, color, national origin, or handicap in the educational programs or activities in operates. To enable us to properly evaluate this application, please answer all questions carefully and as completely as possible.

PERSONAL DATA

Name _____
Last First Middle Initial

Social Security No. _____ Telephone No. _____

Address _____
No. Street City/Town State Zip

JOB INFORMATION

Position applied for _____ Full-time [] Substitute []
Salary/wage desired _____ Permanent [] Temporary []

GENERAL INFORMATION

- 1. U.S. Citizen: _____ Yes _____ No
If not a citizen, indicate type of visa: _____ Alien Registration No. _____
2. Have you served in the Armed Forces of the U.S.? _____
If so, total years of active service credit _____
3. Previously employed here? _____ Yes _____ No If so, when? _____ In what department? _____
Supervisor _____
4. Are you a member of a retirement system? _____ Yes _____ No
If yes, system name _____ Tier _____ Membership No. _____
5. Have you ever been convicted of a crime? _____ Yes _____ No If yes, explain. _____

CERTIFICATION

Table with 3 columns: Type of Certification/License, State, Number

Tenure: Have you ever been appointed tenure as a teacher in a public school system in New York State? [] Yes [] No

Table with 4 columns: School, City/State, Yrs. Completed, Degree

STUDENT TEACHING

Name of School:

Tel. No. _____

From		To		Cooperating Teacher	Principal
Mo.	Yr.	Mo.	Yr.		

In detail, describe the work you did: _____

EXPERIENCE:

Please provide information covering employment experience, including time spent in military service, if any. Use the comments area at the end of this section on Experience to account for any gaps in your employment.

Name and Address of Employer:

Tel. No. _____

From		To		Last Salary	Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.			

In detail, describe the work you did: _____

Name and Address of Employer:

Tel. No. _____

From		To		Last Salary	Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.			

In detail, describe the work you did: _____

Name and Address of Employer:

Tel. No. _____

From		To		Last Salary	Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.			

In detail, describe the work you did: _____

Name and Address of Employer:

Tel. No. _____

From		To		Last Salary	Reason for Leaving	Name of Supervisor
Mo.	Yr.	Mo.	Yr.			

In detail, describe the work you did: _____

Comments on your work experience: _____

REFERENCES:

List any other persons, not relatives, who have personal knowledge of your character, experience and/or capability:

Name/Occupation	Address	Tel. No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give permission to contact the employers listed above for any relevant information.

Signed _____ Date: _____

OTHER:

What types of machines and equipment can you operate? (if applicable) _____

List any applicable volunteer experience: _____

Please give any other information on your experience or abilities which you believe would assist us in evaluating your qualifications:

Please read this over carefully and sign your application below:

The answers to the questions contained in this application are true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant permission to the employer to investigate my references and I authorize my references to provide any information to the Lisbon Central School which they deem appropriate. I authorize Lisbon Central School to make an investigative consumer report which may contain any information obtained through personal interviews with my friends, neighbors and acquaintances. If made, this inquiry may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I will have the right to make a written request concerning the nature and scope of any such investigative inquiry.

Signature _____ Date _____

Please return to: Patrick J. Farrand, Superintendent
6866 County Route 10
Lisbon, New York 13658