



Employment Application

Position Preference

<input type="checkbox"/> Substitute	<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher	<input type="checkbox"/> Teaching Assistant	<input type="checkbox"/> Nurse	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Vacant Position	<input type="checkbox"/> Aide/Monitor	<input type="checkbox"/> Buildings & Grounds	<input type="checkbox"/> Clerical	<input type="checkbox"/> Food Service	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Bus Attendant	<input type="checkbox"/> Other			

Personal Information

Name _____
LAST
FIRST
MIDDLE

Permanent Mailing Address _____
 _____ Zip _____

Email _____ Phone _____ Cell _____

Social Security Number _____ - _____ - _____ Retirement No. _____

Are you a U.S. citizen? Yes No If no, what visa do you possess? _____

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

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

Are you a dishonorable discharged veteran? Yes No N/A Date of separation: _____

Are you an exempt volunteer fireman? Yes No

Certification/License

I hold the New York State certificate or license described below. *Please provide original. Copies will be made at time of application.*

Certificate or License	Type	Effective Date	Expiration Date <i>(if applicable)</i>

Other license(s) held; type and issuing authority _____

Educational Preparation

Name and Location of School	Nature of Studies	Did You Graduate (Y or N)	Degree Received
High School			
College (Undergraduate)*			
College (Graduate)*			
Vocational/Technical/Trade*			

**Provide Official Copy of Transcripts*

Work Experience

List most recent experience first. Complete address must be included.

Dates Employed	Employer's Name/Address/Phone	Supervisor	Specific Nature of Position	Reason for Leaving

Teaching or Administrative Experience

List most recent experience first. Include any substitute or part-time teaching. Complete address must be included.

Dates Employed	Employer's Name/Address/Phone	Supervisor	Specific Nature of Position	Reason for Leaving

Applicant's Statement

Give any additional information which you think might be of value in considering you for a position.

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false, misleading or omitted statements or documentation will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the Greenville Central School District for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the school district to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district. I waive my right of access to any such information, and without limitation hereby release the Greenville Central School District and the reference source from any liability in connection with its release or use.

If offered employment by this school district, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

Applicant's Signature

Date

The Greenville Central School District does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, disability, sexual orientation, marital status, veteran status, or genetic predisposition for carrier status in their recruitment, employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Americans with Disabilities Act. If you believe you have been subject to discrimination, please contact the EEO officer of the school district.

Applicant's Signature

Date

Completed applications may be submitted online or by mail:

applygcd@greenvillecsd.org

Office of Human Resources, Greenville Central School District, P.O. Box 129, Greenville, NY 12083-5070