



York Central School

2578 Genesee Street, P.O. 102 Retsof, NY 14539
Ph: (585) 243-1730 Fax: (585) 243-5269 www.yorkcsd.org

Please Check position(s) that you are applying for:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Aide/Monitor | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Custodial/Cleaner | |
| <input type="checkbox"/> Food Service Worker | |

NAME: _____

ADDRESS: _____

CONTACT NUMBERS: (HOME) _____ (CELL) _____

E-Mail Address: _____

You _____ may _____ may not use my e-mail address for communications.

ERS RETIREMENT NUMBER (if applicable) _____

Present Employer: _____

Address: _____

Phone Number: _____

Position _____ Salary _____

Right to Work in United States: I **do** **do not** have the legal right to accept employment in the United States.

Background Information: (Answer each part of this section. If you answer yes to any part, attach a statement detailing the circumstances of such actions.)

1. Employment Discharge: Have you ever been discharged from employment for reasons other than lack of work? Yes No

2. Resignation in lieu of termination: Have you ever resigned from employment to avoid discharge or other disciplinary action? Yes No

3. Discharge from military: If you have served in the U.S. Armed Forces, have you been dishonorably discharged? Yes No

4. Conviction of a crime/Findings of abuse: Have you ever been:
- a. Convicted of a misdemeanor and/or felony crime? Yes No
 - b. Been found guilty of resident or patient abuse? Yes No

(If you answered "yes" to either or both question(s) in #4, request a "Sworn Statement" form, complete & attach to this application.

5. Forfeiting bail bond: Have you ever forfeited bail bond posted to guarantee your appearance in court to answer a criminal charge? Yes No

**No applicant will be excluded from consideration for employment due to prior arrests or convictions.*

Education:

High School, College, Other Schools/special Courses	Address	Type of Degree	# of Years	# of Credits

Previous Experience:

Firm/Organization	Address	Number of Years	Position

References: *Please include Administrators/Supervisors who have firsthand knowledge of your character, personality, scholarship and ability. Please include references from your last or present employer.*

Name	Official Position	Mailing Address	Telephone Number

An Attached Resume is acceptable

IMPORTANT:

I understand that there will be an extensive inquiry regarding my background and experience, and I hereby release from any liability for anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered regarding my application will be the property of the Genesee Valley Educational Partnership and will not be released to me unless required by Federal or state statutes or regulations.

ATTESTATION:

I certify that the information is accurate to the best of my knowledge, that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Applicant's Signature: _____ Date: _____

In compliance with Title IX of the Educational Amendments of 1972 (U.S. Congress) it is our policy not to discriminate on the basis of sex, religion, national origin, age, physical ability, or marital status in admissions, employment and treatment of students and employees in any educational program or activity.



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This document is to be completed by all applicants. It is used to confirm NYS Fingerprinting Clearance.

FINGERPRINTING AUTHORIZATION FORM

Name: _____

Social Security Number: _____

Position Applying For: _____

By signing this form, I authorize York Central School to access my New York State Department of Education TEACH account to verify my certification and/or fingerprinting status.

This process will be performed for the sole purpose of potential employment at York Central School District and will not be used for anything other than that purpose.

Print Name: _____

Sign Name: _____

Date: _____