

LIVERPOOL CENTRAL SCHOOL DISTRICT
195 Blackberry Road, Liverpool, NY 13090
EMPLOYMENT APPLICATION

We appreciate your interest in our District and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, arrest conviction or any other legally protected status.

NAME			
(Last)	(First)	(Middle Initial)	
PRESENT ADDRESS			
(Street)	(City)	(County)	(State) (Zip)
TELEPHONE NUMBER		Are you 18 years or older?	
HOME: ()	BUSINESS: ()	<input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION APPLIED FOR			
	Full-Time	Part-Time	Date Available

EMAIL ADDRESS: _____

EDUCATIONAL PREPARATION

	NAME AND LOCATION	DID YOU GRADUATE?	DEGREE RECEIVED	MAJOR SUBJECT
HIGH SCHOOL				
COLLEGE/ UNIV.				
GRAD SCHOOL				
OTHER				

WORK EXPERIENCE (list last or current employer first)

DATE MONTH/YEAR	EMPLOYER NAME AND ADDRESS	LAST POSITION HELD	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

REFERENCES (provide the names of three individuals, not related to you, whom you have know at least one year.)

NAME	ADDRESS (Street, City, State Zip & Phone No.)	OCCUPATION	YEARS KNOWN

(Check One)

Yes No

Have you been fingerprinted for the NYS Education Department? Yes No

May inquiry be made of your present or former employer? Yes No

Are you licensed to drive a car? Yes No

Do you have a license, certificate or other authorization to practice a trade or profession? Yes No

Document Title: _____ Issuing Agency and State: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

If yes, give details: _____

Are there any pending charges against you? Yes No

If yes, give details: _____

Military Service:

Branch: _____ Years Service: _____ Ranks: _____

Are you a certified Exempt Volunteer Firefighter? Yes No

Do you have relatives employed by this School District? Yes No

If yes, Name(s): _____

Please include any additional information (e.g., experiences, skills, qualifications) that you believe would be helpful in reviewing your application.

PLEASE READ AND SIGN BELOW

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all my statements contained herein and the references listed above to give you any and all information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages or salary, be terminated at any time without any prior notice.

Further, I understand that if I am a driver and lawfully required to have a driver's license as a condition of employment, I agree to pre-employment alcohol and drug testing and related testing upon being employed."

Signature: _____ Date: _____