Type or Print in Ink Answers to All Questions

RIPLEY CENTRAL SCHOOL DISTRICT

12 NORTH STATE STREET

PO BOX 688,

RIPLEY, NY 14775-0688

**APPLICATION FOR APPOINTMENT**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

I am interested in being considered for the following position(s):

Title(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available for employment on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in part-time employment? □ Yes □ No

I □ have qualified by NYS Civil Service

 □ have not Examination, if required for position.

Title of Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Score of Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you serve in the Armed Forces? □ Yes □ No

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States? □ Yes □ No

Do you have a valid N.Y.S. driver’s license? □ Yes □ No

Class of license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you ever dismissed from any government employment for reasons □ Yes □ No

Other than lack of funds or work?

1. Except for minor traffic violations, were you ever **convicted** of any violations of criminal law? □ Yes □ No
2. Did you ever or are you presently working for New York State? □ Yes □ No

If yes, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “yes” to any of the above questions, please explain fully in Remarks or attach another sheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION:**Name of School | Address | Did you Graduate? | Major Subjects | Degree Received |
| High School |  |  |  |  |  |
| College or University |  |  |  |  |  |
| Other Schools, Training |  |  |  |  |  |

Skills:

List administrative, clerical, laboratory, technical or computer skills, licenses, and any other office or heavy machinery you can operate, which relate to the position(s) for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE DISTRICT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

THIS APPLICATION WILL BE KEPT ON ACTIVE FILE FOR ONE YEAR.

|  |
| --- |
| **Employment Experience:** (list most recent employment first, attach additional sheets or resume if necessary.) |
| Name and Address of Employer | Dates of Employment  | Salary Received | Title(s) and Duties |
| From | To |
|  |  |  | $ \_\_\_\_\_\_\_\_Per \_\_\_\_ |  |
| Reasons for Leaving  |  |
| Name of Supervisor |  | Telephone No.  |  |
|  |  |  | $ \_\_\_\_\_\_\_\_Per \_\_\_\_ |  |
| Reasons for Leaving  |  |
| Name of Supervisor |  | Telephone No. |  |
|  |  |  | $ \_\_\_\_\_\_\_\_Per \_\_\_\_ |  |
| Reasons for Leaving |  |
| Name of Supervisor |  | Telephone No.  |  |

|  |  |  |
| --- | --- | --- |
| **Personal and Professional References:** |  |  |
| Name and Occupation | Address | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

**Remarks:**

**Pre-Employment Statement:**

I voluntarily give Ripley Central School District the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information. It is understood that my present employer will not be contacted without further consent. I consent to taking any pre-employment physical examinations and sub future physical examinations as may be required by the District. I further understand that any false answers made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All fingerprinting clearances from start to finish are completed on-line at: [www.highered.nysed.gov/tcert/ospra](http://www.highered.nysed.gov/tcert/ospra)

Date of fingerprinting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of final clearances received from SED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_