CANISTEO-GREENWOOD CENTRAL SCHOOL DISTRICT

84 Greenwood St. Canisteo, NY 14823 607-698-4225 www.cgcsd.org

EMPLOYMENT APPLICATIONSupport Staff and Substitutes

The Canisteo-Greenwood Central School District is an equal opportunity employer. Consideration for employment will be given without regard to race, creed, color, sex, sexual orientation, age, national origin, martial status, or handicap. The High School Principal, 84 Greenwood St., Canisteo, NY 14823 telephone 607-698-4225, is the designated officer to coordinate Title IX and Section 504 compliance activities.

DATE

NAME

Last	First	Middle		
Please check box of intere	st:			
☐ Certified Teacher ☐ Unc ☐ Clerical ☐ Aide	ertified Teacher Cafeteri	a 🔲 Bus Driver	☐ Cleaner	Nurse
Do you hold a NYS teaching Certif	cation? If so which one			_
Are you willing to substitute?	YES 🗆 NO, I	prefer fulltime		
Building preferred:	ementary \Box H	ligh School	☐ No preference	e
Have you been employed previous	sly by us?	□ NO		
Date(s) and Position(s)				
Do you have NYSED Fingerprint C	learance? ☐ YES	□ NO		
Note: Per the requirements of Part 87 of the in public school, charter school or BOCES check onsite at the time of your fingerprinting.	The fingerprinting fee is approx	ximately \$101.75, which is pa	oyees are required finger yable with a credit card,	printing for employment money order or certified
		ences		
List below 3 professional reference Name Title	es who have observed your Address	work.	Work Phone	Home Phone
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List below 3 personal references,	not related to you.			
Name Title	Address		Work Phone	Home Phone
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APPLICATION FOR EXAMINATION OR EMPLOYMENTSteuben County Department of Personnel and Civil Service

3 East Pulteney Square, Bath, NY 14810 Phone: (607) 664-2345 www.steubencony.org

Civil Service Date Received

					Crossfile:			
					Date	**	on DD-214	Disability Authorization
order pa	ayable to Ste	euben Co	ounty Finance). Pri	nt clearly and	l answer all questions com	th non-refundable application in the second state of the second sec	announcemen	
Position	on or Exan	ninatio	n Title:					
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NAME	AND LE	GAL R	ESIDENCE: (PI	lease notify th	nis office immediately of an	y information changes.)		
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5.	Are you 18 years of age or older?		YES	□N) I	f no, you must supply a	work permit.	
	Are you a citizen of the United State	es?	YES	□NC		If selected for employmentary professional citizen authorize	of of citizenship	or status as a
	Do you have a High School diplon If YES , NAME AND LOCATI	-		□NO				
	OR							
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ò.	EDUCATION							
	Read the exam announcement for transcript or a list of the required co		of cred	it hou	rs you have		quired, attach a	
	INDICATE COLLEGE, UNIVERSITY, P TECHNICAL SCHOOL(S) IN SPACE B	ROFESSIONAL OR ELOW:	CRED EARN	ITS	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EARNED OR EXPECTED
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	NAME OF SCHOOL						□YES	MO / YR
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7.	LIST MOST RELEVANT COUR	SE WORK IE DEOI	IIDED	EOD	THE BOS	PITIONI		
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	NAME OF COURSE	DIVISION	HOU	RS	NAI	ME OF COURSE	DIVISION	HOURS
	Race & Ethnicity (Example)	Sociology (Example)	3 (Exam					
3.	LICENSES/CERTIFICATES OR	OTHER AUTHORI	ZATIO	NS T	O PRACT	ICE A SKILL, TRAD	E, OR PROFE	SSION
		License o	r			Issued by:	License	Dates
	Skill, Trade, or Profession	Certificate Number	9			Name of City, ate, or Agency)	(Mo/Da From	ay/Yr) To
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).	DRIVER'S LICENSE: (Complete	only if the position for wh	ich you a	ire app	olying require	es one.) Number	St	ate
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NAME:				Page 3
LAST	FIRST		MIDDLE	
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REASON FOR LEAVING		-		
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VETERANS CREDITS: Honorably discharged or honorably separated Veterans of the Armed Forces and Active Duty members soon to I discharged wishing to claim additional examination credits as a Veteran or disabled Veteran must submit an "Application for Veterans" Credit from and a copy of their discharge papers (form DD-214). Not Applicable/Not a Veteran Non-Disabled Veteran (Attach Copy of DD-214 – Member 4 & Application for Veterans' Credit) Disabled Veteran (Attach Copy of DD-214 – Member 4 & Application Form & Application for Veterans' Credit) Disabled Veteran (Attach Copy of DD-214 – Member 4, Disability Authorization Form & Application for Veterans' Credit) Veterans' Credit 12. TESTING/INTERVIEWING ACCOMMODATIONS: We provide reasonable accommodations in testing/interviewing for persons with permanent and temporary disabilities, you require special arrangements, a request should be made describing the type of special testing arrangement required. Yes, I need testing accommodations. ALTERNATE TEST DATE: If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, check the box below and attach supporting documentation with it application. In the case of an emergency, please notify this office on the next business day following the exam date. You will be required to submit documentation of your emergency. Yes, I need an alternate test date and have attached the Request for Alternate Test Date form. COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they a currently in one of the following categories. Check box that applies to you. Unemployed and primarily responsible for support of a household Eligible to receive Medicaid Receiving Supplemental Security Income (SSI) Receiving Temporary Assistance for Needy Families (TANF) A certified eligible under the Workforce I		NAME:			Page 4
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12. TESTING/INTERVIEWING ACCOMMODATIONS: We provide reasonable accommodations in testing/interviewing for persons with permanent and temporary disabilities, you require special arrangements, a request should be made describing the type of special testing arrangement required. Yes, I need testing accommodations. ALTERNATE TEST DATE: If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take it test on an alternate test date. If applicable, check the box below and attach supporting documentation with it application. In the case of an emergency, please notify this office on the next business day following the exam date. You will be required to submit documentation of your emergency. Yes, I need an alternate test date and have attached the Request for Alternate Test Date form. 13. COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they a currently in one of the following categories. Check box that applies to you: Unemployed and primarily responsible for support of a household Eligible to receive Medicaid Receiving Supplemental Security Income (SSI) Receiving Temporary Assistance for Needy Families (TANF) A certified eligible under the Workforce Innovation and Opportunity Act(WIOA) I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand the my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a fall statement regarding my eligibility for the exam fee waiver because of my current status indicated above. I understand the my waiver claim may be investigation and verification and that a material misstatement or fraud may disqualify me for appointment and/or lead to revocation of my appointment. I authorize Steuben County to contact schools/colleges at true and complete to the best of my knowledge. I understan		,			,
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compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disabilimarital status, or criminal record.	-	It is the policy of the Steuben County D compensation, and other terms and cond	Department of Personnel a	and Civil Service to provide	for and promote the equal opportunity of employment,

NOTES (OFFICE USE ONLY):_