

LOWVILLE ACADEMY AND CENTRAL SCHOOL

7668 NORTH STATE STREET

LOWVILLE, NY 13367

(315) 376-9001

SUPPORT STAFF EMPLOYMENT APPLICATION

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the Lowville Academy and Central School District.

POSITION APPLYING FOR: _____ **DATE:** _____

Name: _____

Former Name(s) _____ (For purposes of verifying work and education records)

Address: _____ City/State/Zip _____

Phone # _____ Social Security # _____

Current Position and Place of Employment _____

Are You Legally Eligible For Employment In This Country? _____ Yes _____ No

CIVIL SERVICE STATUS: Are you currently on an active Civil Service List? _____ Yes _____ No

If yes, which list? _____

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____

Dates of Service From _____ To _____

Discharge Classification _____

EMPLOYMENT HISTORY (Begin with most recent position)

Name of Employer/Location Position Held Dates of Employment Supervisor Reason for Leaving

EDUCATION/SPECIALIZED TRAINING

School Name Location Course of Study Diploma/Degree or Grade Completed

High School: _____

EMPLOYER & PERSONAL REFERENCES (We will contact)

Name Address Phone Known for How Long?

ADDITIONAL INFORMATION

Indicate any specific skills, interests, hobbies or awards and activities relevant to the position for which you have applied: _____

Are you a member of a New York State Retirement System? _____ Yes _____ No

If yes, what system? _____ Membership Number: _____

Have you ever been convicted of a violation of law? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment): _____ Yes _____ No

If yes, please explain: _____

Have you ever been found guilty of charges and reprimanded, suspended, fined, demoted or discharged under Section 75 of the New York State Civil Service Law? _____ Yes _____ No (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

If yes, please state in detail the action taken against you: _____

Have you ever been dismissed from a position or resigned to avoid dismissal? _____ Yes _____ No

(If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

If yes, please explain: _____

Have you been cleared for employment through the NYS Education Department? _____ Yes _____ No

NYS Education Department fingerprinting and background check is required for all positions. To apply for clearance, go to:

www.IdentoGo.com Service Code: 14ZGR7

CONDITIONS OF REVIEW

- I certify that all statements herein are true, accurate and complete and I understand that any falsifications, misleading or willful omissions shall be cause for dismissal or refusal of employment.
- I understand Lowville Academy and Central School will thoroughly investigate my educational background, personal and work history, and verify all data given on this application, on related papers and in interviews.
- I authorize all individuals, schools, and employers mentioned herein to provide any information requested about me, and I release them from all liability or damage for providing this information.
- I understand that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the Board of Education of the Lowville Academy and Central School District.

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the Lowville Academy and Central School District (LACS) to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize LACS to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers listed on my employment application to provide LACS with the information requested. I release any such individuals, schools and employers contacted by LACS from any and all legal liability or damage for disclosing any information about me.

In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with LACS.

Signature of Applicant _____ **Date** _____

Thank you for your interest in Lowville Academy and Central School

The Lowville Academy and Central School District hereby advises students, parents, employees, and the general public that it does not discriminate on the basis of race, color, weight, national origin, ethnic group, creed or religion, marital status, age, sexual orientation, gender (including gender identity and expression) and sex, or disability in any of its programs or activities. Inquiries regarding this non-discrimination policy may be directed to: Scott D. Exford, Compliance Coordinator, and Mary E. Compo, Compliance Coordinator, at 7668 N. State Street, Lowville, New York 13367, (315) 376-9000.