



**Depew Union Free School District**  
**5201 S. Transit Road**  
**Depew, NY 14043**

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: Please check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Hallway Monitor              | <input type="checkbox"/> Library Aide                     |
| <input type="checkbox"/> Cafeteria Monitor            | <input type="checkbox"/> Food Service Helper              |
| <input type="checkbox"/> Classroom Aide               | <input type="checkbox"/> Laborer Assigned to Housekeeping |
| <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Laborer/Ground                   |
| <input type="checkbox"/> Other, please specify: _____ |   |

Shifts Applied for: Please check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time, 1 <sup>st</sup> shift | <input type="checkbox"/> Substitute, Call in 1 <sup>st</sup> shift |
| <input type="checkbox"/> Part-time, 1 <sup>st</sup> shift | <input type="checkbox"/> Substitute, Call in 2 <sup>nd</sup> shift |
| <input type="checkbox"/> Full-time, 2 <sup>nd</sup> shift |  |
| <input type="checkbox"/> Part-time, 2 <sup>nd</sup> shift |  |

If you have ever taken a Civil Service examination, give the title: \_\_\_\_\_

*Effective July 1, 2001, the Schools Against Violence in Education (SAVE) Legislation requires the Commissioner of Education and the New York State Education Department (NYSED) to request a fingerprint supported criminal history background check for prospective employees of school districts, charter schools and board of cooperative educational services (BOCES). School Bus Drivers and Bus attendants must submit to the mandated fingerprint procedure pursuant to Article 19A of the NYS Dept. of Motor Vehicles. Any applicant who is offered a position is responsible for any and all costs incurred for fingerprinting.*

Have you received fingerprint clearance with the New York State Education Department? YES NO  
☐ ☐

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO  
☐ ☐ ☐ ☐

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_  
☐ ☐

Have you ever been convicted of a felony? YES NO  
☐ ☐

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

**Please read the following statements as they constitute conditions for employment with the Depew Union Free School District ("District").**

*I hereby affirm that the information I have provided on this application is accurate, and true to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of my information on this application or during the interview process, regardless of what such misrepresentation or omission is discovered, may result in refusal of employment, or if employed, shall constitute grounds for immediate termination.*

*The persons, schools, current and prior employers, and other organizations named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally and further waive and release the District from any liability arising from reliance on the aforementioned information or the use, publication or retention of such information within the context of its applicant review procedures.*

*In the event I am hired for employment by the District, I understand that I am required to abide by all rules, regulations, and policies of the District and that the policies and procedures relating to conditions of employment are subject to modification at any time.*

*I understand that the District is in no way obligated to provide employment and that I am in no way obligated to accept employment with the District. Nothing in this application or in other policies and procedures are intended to create a contract of employment, expressed or implied.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_