ARKPORT CENTRAL SCHOOL 35 East Avenue PO Box 70 Arkport, NY 14807

APPLICATION FOR EMPLOYMENT FOR A CLASSIFIED POSITION

Directions:

- 1. Please fill out this entire application in detail.
- 2. Be sure to fill out three (3) Letter of Reference Forms. All three (3) forms must be returned along with your application in order to be considered.

Please note: The Arkport Central School District shall not discriminate against any individual because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, or marital status, in receiving, classifying, disposing or otherwise acting upon applications for employment.

Date of Application:	Positi	on(s) Applied Fo	or:		
Name:					
Last	F	irst	Mie	ddle	
Address:					
Number	Street	City	State	Zip Code	
Telephone Number:					_
If you are <u>under</u> 18, can yo	u furnish a work pe	rmit? Yes 🗌	No 🗌		
Have you ever been employ If yes, please list dates and Date(s):	your reason for lea		_		
Are you employed now?		Yes	No 🗌		
May we contact your prese	nt employer?	Yes	No 🗌		
On what date would you be	available for work	?			
Are you available to work:	☐ Full Time ☐	Part-Time S	Shift Work 🔲 '	Гетрогагу	
Are you on a lay-off and su	bject to recall? Y	Yes No]		
Have you been convicted o (Conviction will not necess Have you ever been convic	arily disqualify app	olicant from emp		Yes No Series No	

If Yes, please explain:
Are you a Veteran of the U.S. Military service? Yes No
If Yes, Branch:
Give name, address, and telephone number of three references that are not related to you. (Each of them will have to complete a Qualification Inquiry Form.)
Applicants for Custodial, Maintenance or Laborer type positions:
Are you able to lift heavy objects and do physically demanding work? Yes \(\square\) No \(\square\)
If No, explain:
Are you able to climb and work from ladders and scaffolds at heights of up to 40 feet? Yes \[\] No \[\]
If No, explain:
Applicants for Clerical and Aide type positions:
Can you type? Yes No
If yes, give approximate words per minute:
Have you had experience using word processors or computers? Yes No If yes, briefly explain:
Have you taken a civil service test within the past 3 years? Yes No
If Yes, which one(s)?

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate race, color, religion, sex or national origin.

1. Employer	Phone:
Address/City, State & Zip	
	_ Final
Work Performed:	
Job Title:	Supervisor:
Reason for Leaving:	
2. Employer	Phone:
Address/City, State & Zip	
	_ Final
Work Performed:	
Job Title:	Supervisor:
Reason for Leaving:	
3. Employer	Phone:
Address/City, State & Zip	
	_ Final
Work Performed:	
	Supervisor:
Reason for Leaving:	

EDUCATION				
High School: Name	Location/Cit	tv & State	Date D	egree Granted
		.,		-8
College: Name	Location/City& State	Major	Type of Degree	Dates of Attendance
Highest Degree Held:				
B. OTHER Please state any additio	e, Drama, Youth Activities onal information you feel manation to this application.		o us in considering you	ar application. You may
	<u>Applio</u>	cant's Statem	<u>ent</u>	
I certify that answers gi	iven herein are true and com	nplete to the bo	est of my knowledge.	
	n of all statements contained ent decision. I understand th			
I understand that a phys	sical examination will be red	quired for emp	oloyment.	
± •	ment, I understand that false in discharge. I understand,	-	_	• • •
			Signature of Appli	cant

<u>LETTER OF REFERENCE FORM - CLASSIFIED SCHOOL EMPLOYEE</u> * Please have three (3) separate forms filled out*

Name of Applicant:
The above named person has applied for a position as a with the <u>ARKPORT CENTRAL SCHOOL DISTRICT</u> . It is understood that you may have knowledge of the character, qualifications, and fitness of the person named above for this position. We request that you complete this form, answering all of the questions below and on the reverse side as fully and specifically as possible. The information you furnish will be held strictly confidential Thank you, in advance, for completing this form immediately upon its receipt.
1. Approximately how long have you known the applicant?
2. Have you ever worked with the applicant? YES NO Date(s): FromTo
a. If "YES" where? Please give name of business and nature of work:
b. What was his/her job during that period?
3. Please check the qualifying term which most nearly expresses your opinion with respect to the applicant's character and reputation: Outstanding Good Satisfactory Poor
4. Would you employ him/her as again? YES NO
5. Are you related to the applicant? YES NO
If "YES" state relationship
6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment after being told his/her conduct or work was not satisfactory? YES NO
If "YES" please give:
a. Name and address of employer
b. Reason for discharge or resignation
7. Do you know of any arrests or convictions of the applicant? YES NO
If "YES" please describe:
8. Please describe how the applicant interacts with other people:

10. Would you like to have	ve your children attend a sch	hool where the applicant works? YES N
11. Please describe the ap	oplicant's attitude toward we	ork:
12. Please describe how t	he applicant works with oth	ners:
	additional information whi	ch may assist us in determining the suitability of the
person for the position.		
	eknown the applicant whos	se name appears on the reference form, and that the
		er are true to the best of my knowledge and belief.
		er are true to the best of my knowledge and belief.
	Name – (PLE.	ASE PRINT)
	stions with respect to him/he	

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9. Please describe how the ap	oplicant reacts to children:		
10. Would you like to have y	our children attend a scho	ool where the applicant wo	rks? YES NO
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12. Please describe how the	applicant works with other	rs:	
Remarks: Please give any add person for the position.	litional information which	may assist us in determini	ing the suitability of this
I hereby certify that I have kranswers to the above question			
	Name – (PLEA	SE PRINT)	
	(Address)	(Phone number)	
	(Signature)	(Date)	