

EMPLOYMENT APPLICATION - NON-TEACHING

CHATHAM CENTRAL SCHOOL

50 Woodbridge Avenue

Chatham, NY 12037

TEL 518-392-2400

An Equal Opportunity Employer

Date: _____

NAME _____ Email Address: _____

HOME ADDRESS _____

TELEPHONE NO. _____ POSITION DESIRED _____

ARE YOU INTERESTED IN SUBSTITUTING? NO _____ YES _____

DO YOU TYPE? NO _____ YES _____ WPM _____ OTHER SKILLS _____

ARE YOU A MEMBER OF THE N.Y.S. EMPLOYEES RETIREMENT SYSTEM? YES ___ NO ___ # _____

EDUCATION: NAME/ADDRESS OF SCHOOL GRADUATION DATE DIPLOMA DEGREE

_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (Begin with present and work backwards)

EMPLOYER/ADDRESS	DATES FROM...TO	SALARY	REASON FOR LEAVING
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER RESIGNED FROM A POSITION RATHER THAN FACE DISCIPLINARY ACTION? _____

Have you ever been accused or convicted of a crime (felony or misdemeanor)? Excluding minor traffic violations.

Yes ___ No ___

If yes, explain: _____

OVER PLEASE

PERSONAL REFERENCES: (Please list three)

NAME	ADDRESS	TELEPHONE #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

OATH OF ALLEGIANCE:

I do hereby affirm that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of _____ according to the best of my ability.

DATE: _____

Signed

I hereby acknowledge that I have been informed by CHATHAM CENTRAL SCHOOL DISTRICT, that as an employee not currently a member of the New York State Employees' Retirement System, I may, as a matter of right, join the New York State Employees' Retirement System. Membership in the Retirement System is mandatory for certain members and optional for others. Unless otherwise notified, your membership is optional. I further acknowledge that I understand under present law if I elect to join the New York State Employees' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute 3% of my salary to the Retirement System.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member. It is my obligation to fill out proper forms.

Signature (all applicants must sign)

Date

FOR PAYROLL:

PLEASE STOP AT THE DISTRICT OFFICE THE FIRST TIME YOU WORK TO FILL OUT THE FEDERAL AND STATE WITHHOLDING FORMS AND THE IMMIGRATION FORM. IDENTIFICATION WILL BE NEEDED FOR THE IMMIGRATION FORM -- SOCIAL SECURITY CARD AND DRIVER'S LICENSE OR PASSPORT I.D. NYS EDUCATION LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED. THE COST OF FINGERPRINTING WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.