

EMPLOYMENT APPLICATION - NON-TEACHING

CHATHAM CENTRAL SCHOOL
50 Woodbridge Avenue
Chatham, NY 12037
TEL 518-392-2400
An Equal Opportunity Employer

OFFICE USE ONLY

Interview:

BOE Approval:

Wincap:

Aesop Sub Calling:

Date: _____

NAME _____ EMAIL ADDRESS: _____

MAILING AND 911 ADDRESS _____

PHONE CONTACT #: _____ POSITION DESIRED _____

ARE YOU INTERESTED IN SUBSTITUTING? NO _____ YES _____

SKILLS PERTINENT TO POSITION: _____

ARE YOU A MEMBER OF THE NYS 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
------------------	--------------------	--------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been accused or convicted of any crime (felony or misdemeanor)? Excluding minor traffic violations.
Yes ___ No ___ If yes, explain: _____

Have you ever been discharged or resigned from a position to avoid facing disciplinary action or discontinuance of a probationary position? YES _____ NO _____ If yes, please attach an explanation.

Are you currently or have you ever been a volunteer firefighter? Yes ___ No ___. If yes, dates _____

Are you currently or have you ever served in the Armed Forces of the U.S.? Yes ___ No ___. Did you receive a discharge that was honorable or were you released under honorable circumstances? Yes ___ No ___.

(OVER)

I AFFIRM BY MY SIGNATURE BELOW THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE UNDER THE PENALTIES OF PERJURY.

Signature _____ Date _____

REFERENCES – please list four (at least 2 must be business references):

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

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 (all applicants must sign)

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.

NYS EDUCATION LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED THROUGH NYS EDUCATION DEPT (TEACH). THE COST OF FINGERPRINTING WILL BE THE RESPONSIBILITY OF THE EMPLOYEE AND IS APPROXIMATELY \$93.

Signature (all applicants must sign)

Date

BEFORE YOU WORK FOR THE FIRST TIME, PLEASE STOP AT THE DISTRICT OFFICE 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 ID.