

WILLSBORO CENTRAL SCHOOL
 PO Box 180, 29 School Lane
 Willsboro, New York 12996
 (518) 963-4456 Fax (518) 963- 7577
www.willsborocsd.org

NON-TEACHING APPLICATION



POSITION APPLYING FOR

PERSONAL INFORMATION

Last First Middle

Street City State Zip

Telephone # Social Security #
 (Permanent Address If Different From Above)

Street City State Zip

EDUCATIONAL PREPARATION

| School | Location | Nature of Studies | Diploma / Degree |
|-----------------------|----------|-------------------|------------------|
| High School | | | |
| College/Undergraduate | | | |

(Have you taken work, which has resulted in the conferring of an advanced degree?)
 If yes, summarize _____

| College | Location | Major Specialization | Diploma / Degree |
|---------|----------|----------------------|------------------|
| | | | |
| | | | |

OTHER WORK EXPERIENCE (Business, trades, summer occupation)

| Dates | Firm / Company | Nature of Work | Full-Time / Part-Time | Reason for Leaving |
|-------|----------------|----------------|-----------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCES

| | | | | |
|--------------------|--|--|--|--|
| Name | | | | |
| Official Position | | | | |
| Address | | | | |
| City, State Zip | | | | |
| Telephone Number | | | | |

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, when, where and disposition of the offense? _____

Are you legally authorized to work in the United states? _____ Yes _____ No

Are you an U.S. veteran? _____ Yes _____ No

If yes, please list experience and any special training received in the military: _____

APPLICANT'S STATEMENT

Please give a statement covering any additional information which will help in judging your suitability for a position, including such things as special experience, training or interests.

New York State law requires that all personnel must be fingerprinted for employment and processed through the Office of School Personnel Review and Accountability (OSPRA), NYS Education Department. A fee of **\$91.50**, payable to NYS Education Department, is required.

I have been fingerprinted in compliance with the NYS Education Department, Office of School Personnel Review and Accountability (OSPRA): _____ Yes _____ No
(If NO, you will be contacted regarding fingerprinting procedures)

Applications will be kept on file for one year from the date of application. If you desire to keep your application on file beyond that date, please notify the District Office in writing or submit a new application.

I attest that the information given on this application is correct to the best of my knowledge.

Applicant's Signature

Date

Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap, or veteran status.