

WHEATLAND-CHILI CENTRAL SCHOOL DISTRICT
 13 Beckwith Avenue
 Scottsville NY 14546
 585-889-6247

For Office Use Only

- Probationary Position
 Substitute Position

**APPLICATION FOR EMPLOYMENT
 NON-INSTRUCTIONAL STAFF**

**P
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Last Name	First	Middle	Date
Street Address			Home Phone ()
City/State/Zip			Business Phone ()
If related to anyone in our employ, state name and department:			Social Security #
Referred by:			Citizen Yes <input type="radio"/> of U.S.A. No <input type="radio"/>

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EMPLOYMENT DESIRED

Position	Date you can start	Salary desired
Are you employed now?		If so, may we inquire of your present employer?
Ever applied to this school before?	Position	When

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	Name Town - City - State	Years Attended	Dated Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				
<i>Subjects of Special Study or Research Work:</i>				

FORMER EMPLOYERS	<i>List below the last four employers, starting with the last one first.</i>
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1	Name and Address of Employer	Salary
		Employed (State Month and Year) From _____ To _____
	Specific Nature of Position:	Reason for Leaving
	Supervisor's Name _____ Telephone Number () _____	

2	Name and Address of Employer	Salary
		Employed (State Month and Year) From _____ To _____
	Specific Nature of Position:	Reason for Leaving
	Supervisor's Name _____ Telephone Number () _____	

3	Name and Address of Employer	Salary
		Employed (State Month and Year) From _____ To _____
	Specific Nature of Position:	Reason for Leaving
	Supervisor's Name _____ Telephone Number () _____	

4	Name and Address of Employer	Salary
		Employed (State Month and Year) From _____ To _____
	Specific Nature of Position:	Reason for Leaving
	Supervisor's Name _____ Telephone Number () _____	

- Were you ever discharged from a position? _____ Yes _____ No
- Have you ever been convicted of a crime? _____ Yes _____ No

PHYSICAL RECORD	
<ul style="list-style-type: none"> • Do you have any known medical condition that would prevent you from performing your duties in a competent manner? _____ Yes _____ No <p>Give details: _____</p> <p>_____</p>	
<ul style="list-style-type: none"> • Are you currently receiving disability benefits? _____ Yes _____ No 	

M I L I T A R Y	Complete this section if you served in the U.S. Armed Forces	Branch of Service:
	Describe your duties and any special training:	Period of Active Duty (Month & Year) From To
	Date of Discharge: Rank at Discharge: Type of Discharge? Honorable____ Dishonorable____ Medical_____	Veteran Status:

RELATED EXPERIENCE

(Travel, organizational memberships, committee chairs or memberships, elective positions held, community and social services, scouting, recreation, etc.)

R E F E R E N C E S	Name	Official Position	Address	Telephone No.

S I G N A T U R E	I hereby declare the information provided by me on this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Wheatland-Chili Central School District with any information concerning my employment.	
	_____ Date	_____ Signature

SUBSTITUTE WORK	<i>Please fill out this section if you are interested in substitute work.</i>
Areas you would be willing to substitute in: _____ _____	
Available in A.M. by: _____	Available during the day: _____

