



An Equal Opportunity / Affirmative Action Employer

NON-INSTRUCTIONAL EMPLOYMENT APPLICATION			Today's Date: _____		
How did you find out about this position?					
Posting (Where?)			Website (Where?)		
Word of Mouth <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other: _____			
PERSONAL INFORMATION					
Full Name: _____					
Permanent Address: _____					
Mailing Address (if different) _____					
Posting # (for position you are applying for): _____			E-Mail Address: _____		
Home Phone No. _____			Cell No. _____		
POSITION PREFERENCE					
Teacher Aide		Typist/Secretary		Substitute Teacher Aide/School Monitor	
School Monitor		Laborer		Substitute School Nurse	
School Nurse		Maintenance		Substitute Clerk/Typist or Secretary	
Clerk		Other		Substitute Laborer/Maintenance	
Effective July 1, 2001, Chapter 180 of the Laws of 2000 requires the Commissioner of Education and the New York State Education Department (NYSED) to request a <u>fingerprint supported criminal history background check</u> for prospective employees of school districts. _____ [INITIAL]					
When are you available for employment? _____					
I understand a Civil Service Exam may be required for the position I am applying for _____ [INITIAL]					
CERTIFICATIONS					
Do you presently hold a valid certificate, license or authorization to practice a profession or trade? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of Profession/Trade		Date Issued/Date Expired		Licensing Agency	

BACKGROUND INFORMATION

Are you a U.S. Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever resigned from a position rather than face disciplinary action?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If not, have you filed a Declaration of Intent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has any disciplinary action been brought against you at any time during your current or past employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you serving in the U.S. Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you previously filed an application with the district?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you receive a dishonorable discharge from the U.S. Armed Forces?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been previously employed with the district? If yes, when and what capacity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of or pled guilty to a felony or misdemeanor crime?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

***If yes, please explain in a confidential letter and attach.**

EDUCATION & PROFESSIONAL TRAINING

(List in chronological order, beginning with High School)

School	Name/Location	Dates		Graduate	Course/Degree
		From	To	Y/N	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Professional/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you speak a language other than English? Yes No

List language(s) and degree of fluency:

Describe any scholastic honors or service awards you have received:

MILITARY SERVICE

Branch of Service	Dates of Service	
	From	To

EMPLOYMENT EXPERIENCE

(List in chronological order, beginning with the most recent)

	Name/Address of Company	Type of Work	Dates of Employment		Reason for Leaving	Supervisor – Title, phone number (and e-mail address) (Reference Purposes)
			From	To		
1.						
2.						
3.						
4.						
5.						

If presently employed, why are you seeking to leave your current position?

REFERENCES

(List below four (4) references of people who we can contact for character references):

	NAME	TITLE	ORGANIZATION	PHONE #
1.				
2.				
3.				
4.				

I certify that, the information contained in this application is true and correct to the best of my knowledge. I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for subsequent dismissal from the employment, if I am hired. I hereby consent to have the Enlarged City School District of Troy contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance or suitability for employment. I hereby authorize my former employer(s), reference(s) and any other individual or organization to provide information solicited by the District. I hereby release and discharge each of the above, including the District, from any liability of any kind or nature and waive all rights to bring any action for defamation, invasion of privacy or any similar course of action against anyone contacted as a result of what he or she may say about me.

Signature of Applicant

Print Name of Applicant

Please return your completed application to:

The Troy City School District
Office of Human Resources
475 First Street, Troy NY 12180
 Telephone No: (518) 328-5041
 Fax No: (518) 271-5194



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VOLUNTARY AFFIRMATIVE ACTION INFORMATION

DATE: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

TELEPHONE #: _____ CELL #: _____

The Board of Education is committed to ensuring human rights in the school district. The Board, its officers and employees, will not discriminate against any student, employee or applicant for employment on the basis of race, color, sex, national origin, creed or religion, marital status, disability or age. The school district will establish and maintain an atmosphere in which all children can develop attitudes and skills for effective, cooperative living. This policy of non-discrimination includes access by students to educational programs, counseling services for students, course offerings and student activities, recruitment and appointment of employees, and employment pay and benefits.

This form will be used to support Policy 0100 and to maintain applicant flow data by race and gender.

In an effort to comply with requirements regarding District record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.

PLEASE CHECK APPROPRIATE CATEGORIES:

- 1. U.S. Citizen Resident Alien
- 2. Male Female
- 3. Hispanic/Latino Yes No (Please check one)
- 4. Asian
- Black or African American
- White
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander

EDUCATION LEVEL:

- HS Diploma/ GED
- Freshman year completed
- Sophomore year completed
- Associate Degree completed
- Junior year completed
- Bachelor's Degree completed
- BS +30 or more credits
- Master's Degree completed
- MS +30 or more credits
- Doctorate completed

TOTAL YEARS OF PRIOR TEACHING EXPERIENCE (if applicable): _____

While the provision of this information is voluntary on your part, our statutory responsibilities require the collection of reliable information and we, therefore, encourage you to participate.