

Last Name	First	Middle		Date of Application
Mailing Address			Type(s) of Work Desired	Social Security Number
City	State	Zip		Telephone Number Home Work

How were you referred to LCS? (Circle only one)	A By your college	B Advertisement	C Employment Agency	D By an employee	If so, give name	E Other
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## Application for Employment Laurens Central School



**Please read carefully and complete by printing in ink or typing.**

**Provide all information requested.**

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

### **An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, or status as a veteran. Information provided on this application will not be used for any discriminatory purposes.

**Please return this application to the Laurens Central School District Office:**

**Superintendent of Schools  
Laurens Central School  
PO Box 301  
Laurens, NY 13796**

**Phone: (607) 432-2050**

## Education History

School Name	Location (City, State)	Major Course or Subject	Date attended		Graduated		Degree
			From	To	Yes	No	
High School							
College (list all attended)							
Other Education/Training							

### A response to the following questions is required:

	Yes	No
Have you ever resigned from a position rather than face disciplinary action?		
Has any disciplinary action been brought against you, which resulted in your being discharged from employment?		
Have you ever been convicted of any crime (felony or misdemeanor)?		
Have you ever had a teaching credential revoked, suspended, or annulled?		
Have proceedings ever been initiated against you pursuant to New York State Education Law §3020a?		

## Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, disability, or veteran status)

Professional memberships, certificates, or licenses held
Past and present civic or cultural activities – include offices held
Principal hobbies

## Special Skills

To be completed by applicant for office/clerical work	Please list other skills and/or equipment/language experience you have acquired
Typing <input type="checkbox"/> Yes <b>Words per minute</b> <input type="checkbox"/> No	
Dictation <input type="checkbox"/> Yes <b>Words per minute</b> <input type="checkbox"/> No	
Computer Skills <input type="checkbox"/> <b>Computer name:</b> <input type="checkbox"/> <b>Software-word processing</b>	

## Teacher Certification

Certification Area	Certification Number	Effective Date
Were you granted tenure?	When?	In what subject area?

## Miscellaneous

Were you previously employed by Laurens Central School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Do you have any relative(s) currently employed by the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list below Name Relationship
Have you been fingerprinted as per NYS SAVE Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will visa or immigration status prevent lawful employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you be willing to work other than the day shift? (for custodial applicants only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what shift?

## Employment Record

List all previous employers starting with present or most recent. Include self-employment and summer and part-time jobs. If more space is required, please continue on separate sheet of paper. You may attach resume with completed application.

Last or Present Employer	Type of Business	Title or Job Classification	
Street Address	Phone Number	Brief Description of Job Duties:	
City	State	Zip Code	
Supervisor's Name and Title	Phone Number		
Date From:	To:		
Reason for Leaving			
Last or Present Employer	Type of Business	Title or Job Classification	
Street Address	Phone Number	Brief Description of Job Duties:	
City	State	Zip Code	
Supervisor's Name and Title	Phone Number		
Date From:	To:		
Reason for Leaving			
Student Teaching		Student Teaching	
School	Phone Number	School	Phone Number
City	State	Zip Code	City State Zip Code
Supervision Teacher	Phone Number	Supervision Teacher	Phone Number
College Supervisor	Phone Number	College Supervisor	Phone Number

# U.S. Military Record

Branch of Service	From:	To:
Kinds of Training and Duty:		

## Professional/Work References

List two past supervisors and one person (who are not related to you) who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, zip code)	Phone Number Including Area Code	Occupation

May we contact your present employer?  Yes  
 No

Date available to begin:

I give permission for Laurens Central School District (employer) to contact previous employers and release previous employers from any liability incurred in the information released.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentations or omission of facts on my part will be justification for separation from the school's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the school or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If any of your educational or employment records are under other than the above name, please provide other names.