

Alfred-Almond Central School
6795 State Rte 21
Almond, New York 14804
Phone: 607/276-6500

APPLICATION

Name _____ Date _____
(Last) (First) (Middle Initial) (Other*)

* Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.

Would you be willing to take a Civil Service Examination? Yes ☐ No ☐

List any persons currently serving on our Board of Education or working for the district who are related to you:

Are you under contract? ☐ Yes ☐ No Where? _____ Date of Expiration _____

When will you be available? _____

Present Salary? _____ Minimum salary you would accept _____

REFERENCES

Name	Address	Phone #

Please state any additional points, which will help in judging your suitability for the position:

[illegible]

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title _____

Examination Number _____

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use computer. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name, Mailing Address and Phone (Please Print)

Last _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: Home () _____ Cell () _____

2. E-mail Address:

3. Social Security Number

4. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States: Yes ☐ No ☐

(Non-citizen may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

5. Have you any objections to this department making inquiry regarding your character and qualification from:

- | | YES | NO |
|---------------------------|--------------------------|--------------------------|
| A. Your former employers? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |

If answer is "YES" to either (A) or (B) please explain. _____

6. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	Name	Years	Months
School District	_____	_____	_____
City or Village of	_____	_____	_____
Town of	_____	_____	_____
County of	_____	_____	_____
State of	_____	_____	_____

FOR CIVIL SERVICE USE ONLY

- ☐ Approved By: _____ Exam Date: _____
- ☐ Disapproved By: _____ Notice: _____
- ☐ Conditional: _____
- ☐ Reason: _____

7. Check appropriate box to the right of each question:

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. Have you ever been dismissed or discharged from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever resigned from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you under charges for any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to any of the Questions 7A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities for the position(s) for which you are applying.

8. Service in the Armed Forces

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. Have you ever served in the Armed Forces of United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "YES", have you ever received a discharge from such forces which was other than honorable? (If answer to "B" is "YES", describe under "Remarks" on page 4.) | <input type="checkbox"/> | <input type="checkbox"/> |

Date of Entry into Active Service _____
Date Released from Active Service _____
Service Serial Number _____

Month	Day	Year

8a. Do you wish to claim additional veteran credits on this exam?

- | | | |
|---|--------------------------|--------------------------|
| A. If "YES", please request and fill out the separate form for disabled or non-disabled veterans' credits. (See instructions on page 4) | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

9. Previous Employment

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. Have you previously been employed by Allegany County? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If yes, please complete the following: | | |
| a. Dates: _____ | | |
| b. Title: _____ | | |
| c. Department: _____ | | |

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant _____

Date _____

Indicate any other last name by which you are or have been known. (Please print) _____

Police Officer Applicants Only Date of Birth ____/____/____

You are urged to compare your qualifications carefully with the specified minimum qualifications as listed on the examination announcement or opening advertisement and file the application only if you are clearly qualified. Be sure to document how you meet the minimum qualifications/requirements related to the exam or position. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. **ALL STATEMENTS ARE SUBJECT TO VERIFICATION!**

8. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? Yes ☐ No ☐

If “YES”, Name and Location of High School: _____

If you have a high school equivalency diploma, indicate issuing Governmental Authority: _____

Number: _____ Date of Issue: _____

	Name of school and city in which located	Dates of attendance (Month and Year)		Full or Part Time	No. of Years Credited	Did you Graduate?	Type of Course or Major Subject	College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To							
College, University, Professional or Technical School										
Other Schools or Special Courses										

9. Drivers License: If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes ☐ No ☐

Class: _____ Identification Number: _____ Expiration Date: _____

10. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following information. If not currently licensed, check this box ☐

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State
Specialty	Date License First Issued	Registered From: (Mo/Yr)	To: (Mo/Yr)

11. Description of Experience: Answer this question if the announcement specifies minimum experience requirements. Beginning with the most recent, describe in detail **ALL** employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing it is voluntary in nature. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment (if more space is needed, attach 8 ½” x 11” sheets of paper). Under “Duties” for each employment describe the nature of the work personally performed by you, with **estimated percentage of time spent on each type of work**. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment				<u>Employer Name</u>	<u>Address</u>	<u>City and State</u>
Mo/Yr		Mo/Yr				
From:	/	To:	/			
Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/>				Describe Duties Below (include percentage of time spent on each type of work)		
Type of Business:						
Your Exact Title:						
Name of Supervisor:						
Supervisor's Title:						
No. of Hours Worked Per Week (Exclusive of Overtime)						

Length of Employment		<u>Employer Name</u>	<u>Address</u>	<u>City and State</u>
Mo/Yr	Mo/Yr			
From: /	To: /			
Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe Duties Below (include percentage of time spent on each type of work)		
Type of Business:				
Your Exact Title:				
Name of Supervisor:				
Supervisor's Title:				
No. of Hours Worked Per Week (Exclusive of Overtime)				

Length of Employment		<u>Employer Name</u>	<u>Address</u>	<u>City and State</u>
Mo/Yr	Mo/Yr			
From: /	To: /			
Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe Duties Below (include percentage of time spent on each type of work)		
Type of Business:				
Your Exact Title:				
Name of Supervisor:				
Supervisor's Title:				
No. of Hours Worked Per Week (Exclusive of Overtime)				

Length of Employment		<u>Employer Name</u>	<u>Address</u>	<u>City and State</u>
Mo/Yr	Mo/Yr			
From: /	To: /			
Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe Duties Below (include percentage of time spent on each type of work)		
Type of Business:				
Your Exact Title:				
Name of Supervisor:				
Supervisor's Title:				
No. of Hours Worked Per Week (Exclusive of Overtime)				

Length of Employment		<u>Employer Name</u>	<u>Address</u>	<u>City and State</u>
Mo/Yr	Mo/Yr			
From: /	To: /			
Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe Duties Below (include percentage of time spent on each type of work)		
Type of Business:				
Your Exact Title:				
Name of Supervisor:				
Supervisor's Title:				
No. of Hours Worked Per Week (Exclusive of Overtime)				

INSTRUCTIONS AND INFORMATION

A. Announcement of Examination

Before filing out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identified the examination for which you are filing.

B. Admission to Examination

Call the agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. Change of Address

Notify this agency immediately of any change of address. When writing give the number and title of the examination.

D. Special Arrangements

If you need special arrangements because you are a Religious Observer (for religious reason, cannot be tested on date of examination(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required

E. Misrepresentation/Falsification

All statements are subject to verification. Any determination of misrepresentation or falsification of facts or qualifications on this application can lead to disqualification of the candidate and up to termination of employment.

F. Veterans' Credits

If you are making a claim for veterans' credits with the application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 7. Failure to do so accurately and completely may result in a denial of your claim.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. Please attach the Veteran's Credit form that can be found on our website along with the DD214 to be eligible for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

War-time Veterans who previously used non-disabled veterans credits for appointment or promotion and are subsequently certified by the Veteran's Administration as disabled veterans may be again be eligible for additional exam credits. If this may apply to you, please contact us, or request review in the remarks section below.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THE APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

Remarks: Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 ½" x 11" sheets.

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Alfred-Almond Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed constitute cause for my immediate termination. References and personal information, which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Alfred-Almond Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints as well as the required fee to NYSED and any other fees required to so effectuating this process.

This employment application will be valid only for six (6) months from the date that it is completed.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE: _____