



STILLWATER CENTRAL SCHOOL DISTRICT

Superintendent's Office
1068 Hudson Avenue, Stillwater, NY 12170

FOR OFFICE USE

Date of Interview:	
Interviewer:	Time:
Date Employed:	
Date Withdrew:	
Years Credited:	
Step:	
Credit Hours:	
Salary:	

SUPPORT STAFF EMPLOYMENT APPLICATION

GENERAL INFORMATION

Name: _____

Any other name by which you may have been known in the past _____ Social Security Number _____

Present Address _____

Home phone: _____ Cell Phone: _____

Email address: _____

Are you a member of the New York State Retirement System? Yes No If yes, Retirement # _____ Tier _____

POSITION PREFERENCE & WORK ABILITY

What position are you applying for: _____

Are you able to perform the essential functions of the position sought, with or without reasonable accommodations? Yes No

If a reasonable accommodation is necessary, please explain: _____

Type of work: _____ Full time Part Time Substitute

Will you work daily overtime if necessary? Yes No Comment: _____

Will you work extra days in the week if necessary? Yes No Comment: _____

List any special skills you may have (typing, machine operations, etc.) _____

Class of Driver's License _____ Motorist I.D. Number _____ Have you ever attended a bus driver training course: Yes No

PERSONAL DATA

Are you a veteran? Yes No

Have you ever been dishonorably discharged from the military? Yes No

Are you an exempt volunteer fireman? Yes No

Have you ever been convicted of a crime excluding minor traffic offenses? Yes No If yes, please explain: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No If yes, please explain: _____

Are you legally eligible for employment in this country? Yes No

The Stillwater Central School District is an equal employment opportunity employer. The Stillwater Central School District does not discriminate on the basis of race, color, creed, sex, age, religion, national origin, sexual orientation, disability, predisposing genetic characteristics, arrest or conviction record, marital status, familial status, military status, or domestic violence status, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. The Compliance Office for Title IX and Section 504 can be contacted through the Superintendent's Office, Stillwater Central School District, 1068 Hudson Avenue, Stillwater, New York 12170.

EDUCATIONAL PREPARATION

Do you have a High School Diploma? (If no, please explain.) Yes No

Name and Location of School	Dates Attended	Semester Hours	Major/Minor	Grade Pt. Avg.	Degree	Date Granted
College (undergraduate)						
Vocational/Technical Trade						

SUPPLEMENTARY EDUCATION AND TRAINING

Title of Course	Where Taken	Skills Learned

List any Licenses or Certifications you may have.

EMPLOYMENT HISTORY (most recent first)

Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates employed		Salary
		From	To	
Address				
Job title		Summarize the nature of work performed and job responsibilities		
Immediate supervisor, title, and telephone				
Reason for leaving				
May we contact for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Name	Address	Phone	How known

When indicated, I hereby authorize Stillwater Central School District to make any investigation of my past employment and waive the right of access to any information submitted by these references.

PERSONAL STATEMENT

On a separate sheet of paper, provide your responses to the following:

1. Indicate any special talents or experiences that would have a positive impact on our school district.
2. Provide any additional information of interest or value regarding your candidacy.

I declare and affirm that the statements made in this application are true, complete, and correct. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.

DATE _____ SIGNATURE OF APPLICANT _____
Application invalid without signature and date

Interested candidates must submit completed application to:

Patricia Morris
Superintendent of Schools
Stillwater Central School District
1068 Hudson Ave.
Stillwater, New York 12170

You will be contacted by the District if you are a candidate for a position in the Stillwater Central School District. If you are not contacted, your application will be kept on file for one year and you will not be notified.