

## District Office 14665 State Route 22 New Lebanon, NY 12125 518-794-7600 518-766-5574 (fax)

New York State Law prohibits discrimination on the grounds of race, color, creed, sex, national origin, age, disability, or marital status. New Lebanon Central School District is an equal opportunity employer.

| Date: Position Applied For:  |               |  |
|--|---------------|--|
| Name:  |               |  |
| Street Address:  |               |  |
| City:  | _ State:      | Zip Code:                                    |
| Home Phone Number:   | Work Pho      | ne Number:                                   |
| Cell Phone Number: Ema   | il Address: _ |  |
| Are you a United States citizen? Yes   | No            |  |
| If no, do you have a legal right to work in the U.S.?  | Yes           | No   |
| How did you learn of this opening?   |               |  |
| Have you worked for the District before?   | If yes, w     | rhen?  |
| List any friends or relatives working for us   |               |  |
| If hired, on what date will you be available to start wo   | ork?          |  |
| Background Investigation: Applicants will be required to undowhich will include a fingerprint check to determine suitability for investigation may result in disqualification. |               |  |
| Have you ever been convicted of a crime (felony or m   | nisdemeanor)  | , not including any violation or infraction? |
| Yes No   |               |  |
| If yes, describe in full   |               |  |

| Dates                                   | Name, Address & Telephone<br>Number of Employer | Supervisor's Name<br>& Title | Reason for Leaving       |
|---|---|------------------------------|--------------------------|
| From:                                   |   |                              |                          |
| Го:                                     |   |                              |                          |
| Dates                                   | Name, Address & Telephone<br>Number of Employer | Supervisor's<br>Name & Title | Reason for Leaving       |
| From:                                   |   |                              |                          |
| Го:                                     |   |                              |                          |
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| Dates                                   | Name, Address & Telephone<br>Number of Employer | Supervisor's<br>Name & Title | Reason for Leaving       |
| From:                                   |   |                              |                          |
| Го:                                     |   |                              |                          |
|   |   |                              |                          |
| lay we contact the earth is to contact. | employers listed above? Yes No                  | If not, indicate below       | wwhich one(s) you do not |

|   | No. of years         | Course or Major      | Graduated (yes or no) | Diploma<br>or |
|---|----------------------|----------------------|-----------------------|---------------|
|   | attended             |                      |                       | Degree        |
|   |                      |                      |                       |               |
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|   |                      |                      |                       |               |
| For Teaching, Teaching Ass  | sistants, and        | d Administrative Pos | sitions Only:         |               |
| For Teaching, Teaching Ass  | sistants, and        | d Administrative Pos | sitions Only:         |               |
| CERTIFICATION:  |                      |                      |                       | :             |
| CERTIFICATION:  Do you have a New York State Certificate?   | Yes:                 | No:                  |                       | :             |
| For Teaching, Teaching Ass CERTIFICATION:  Do you have a New York State Certificate?  Probationary: Permanent: Pro Date received: TEA | Yes:<br>fessional: _ | No:                  | In Process            |               |

Have you ever been tenured in another school district? Yes\_\_\_\_\_ No\_\_\_\_\_

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| Relationship: | Address       | Telephone No.         | Years<br>Known                      |
|---------------|---------------|-----------------------|-------------------------------------|
|               |               |                       |                                     |
|               |               |                       |                                     |
|               |               |                       |                                     |
|               |               |                       |                                     |
|               |               |                       |                                     |
|               | Relationship: | Relationship: Address | Relationship: Address Telephone No. |

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I hereby also agree to hold the New Lebanon Central School District harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the New Lebanon Central School District.

| I also agree to such examination by a New Lebanon Central School District designated physician as r  | nay be |
|--|--------|
| required and agree, if employed, to abide by all regulations of the New Lebanon Central School Distr | ict.   |

| Signature: Date: |
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## **REFERENCE CHECK (office use only)**

| Name/Title | Relationship | Phone No. | Comments |
|------------|--------------|-----------|----------|
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