Alfred-Almond Central School 6795 State Rte 21 Almond, New York 14804

Phone: 607/276-2981

APPLICATION

Name(Last) (First)			Date		
(Last) (First) * Optional: If additional information relative to a change of po	(Middle Initial)	(Other*)	name is necessary to	enable a check of your	
* 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.					
Address					
Address(Number) (Street)		(City)	(State)	(Zip Code)	
Phone No(Permanent)					
(Permanent)	(Alternate)		(Cellphone)		
When will you be available?	Soci	al Security #			
Position Applying for					
Would you be willing to have an annual physical	examination?	Yes No			
Would you be willing to take a Civil Service Exa	mination?	Yes □ No □			
PERSONAL BACKGROUND HISTORY					
Are you a U.S. Citizen? □ Yes □ No					
Have you ever been convicted of a crime? □ Yes □ No					
If yes, have you been issued a certificate of relief from disability? □ Yes □ No					
Are any criminal charges or proceedings pending against you? Yes No (If yes, to any of above three questions, please explain on a separate sheet.)					
Are you legally authorized to work in the United States?					
Have you ever served in the US Armed Forces? □ Yes □ No					
If yes, did you receive a dishonorable discharge? Yes No (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)					
List any persons currently serving on our Board of Education or working for the district who are related to you:					

PAST EMPLOYMENT (Last three places)

			Type of Work
Address	Supervisor	From To	Work
	Address	Address Supervisor	Address Supervisor From To

Are you under contract? □ Yes □ No Where? Date of		of Expiration			
When will you be a	vailable?				
Present Salary?	sent Salary? Minimum salary you would accept				
NYS Retirement N	0				
<u>REFERENCES</u>					
Na	me	Address	Phone #		
EDUCATION AN	D/OR PROFESSIONAL TR	<u>AINING</u>			
	Name of Institutio	n Diploma/Degre	ee Dates of Attendance		
High School			Attendance		
College					
Special Training					
		L	I		
Please state any add	ditional points, which will help	in judging your suitability for the p	position:		
	1				

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, (print name), hereby grant per	mission to the Alfred-Almond Central School
District, to contact and investigate my former and current employer not limited to educational institutions where I enrolled, to fully investigate my former and current employers and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and investigate my former and current employers are supported by the contact and current employers are supported by the current employers are supporte	
My signature below authorizes the school district to conduct a back information in connection with my application for employment. The as criminal convictions, driving record, previous employers and professional information, and without limitations hereby releases the any liability in connection with its release or use.	nis investigation may include such information educational institutions, personal references,
I hereby affirm that the information set forth in this application is knowledge. I further affirm that I have read the completed applicat response to any questions. I understand and agree that any misrepres or during the interview process, regardless of when it is discovered, have already been employed constitute cause for my immediate term which became part of this record are to be regarded as confidential are	tion and have not withheld any information or sentation or omission of fact on this application may result in the refusal of employment, or if I nination. References and personal information,
I hereby indemnify, release and forever discharge and hold the A officers, agents and employees, as well as all third parties supplying claims, demands, judgment and legal fees arising out of or in connectawful use of the results or disclosure thereto.	g such information, harmless from any and all
If requested by the District in connection with its application, I will examining authority may disclose the findings of these examinations is conditioned upon meeting the requirements of that examination as	s to the District and that my initial employment
I will be able, if hired, to certify that I am authorized to work in th accordance with the Immigration Reform and Control Act that I wil of identity and employment eligibility.	
In the event that I am employed, I agree to conform to the district rule	es and regulations.
Pursuant to New York State Law, I agree to sign any additional form procedures required by the District, NYSED, NYS DCJS or the Fl check. I also understand that I must forward two (2) copies of n NYSED and any other fees required to so effectuating this process.	BI to effectuate a criminal record background
This employment application will be valid only for six (6) months from	om the date that it is completed.
SIGNATURE OF APPLICANT	
PRINTED NAME OF APPLICANT	
DATE.	