

# Berlin Central

## School District

P.O. Box 259, Berlin, NY 12022

### APPLICATION FOR NON-TEACHING POSITION

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

#### EDUCATION:

	Institution	Location	# of years completed
College	_____	_____	_____
High School	_____	_____	_____
Elementary	_____	_____	_____

#### EMPLOYMENT HISTORY:

List all career experience in reverse chronological order beginning with your present position. Use additional page if necessary.

Firm & Location	Position	Dates Employed	Years	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### REFERENCES:

List the names and addresses of three supervisors (or other persons not relatives) for reference.

Name	Address	Position/Title	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you willing overtime providing you are paid for it? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you interested in substitute work? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you possess a valid New York State Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you own a car? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you be willing to have a physical examination at school expense? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Rensselaer County Civil Service Rating? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, state title of position: \_\_\_\_\_

Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide details of the conviction.

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Have you ever been convicted of child abuse? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been fired from a position? YES \_\_\_\_\_ NO \_\_\_\_\_

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I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I hereby grant permission to my former employers to release or communicate information regarding my performance and their perceptions of my employment history to the Berlin Central School District and I do hereby indemnify those employers against any damages or liabilities stemming from the provision of such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**An Equal Opportunity/Affirmative Action Employer**

In compliance with Title IX of the Education Amendments of 1972, the Board of Education of the Berlin Central School district does not discriminate on the basis of sex, race, color, religion, age or national origin in the educational programs or activities which it operates.



6. SERVICE IN ARMED FORCES:

Yes No

(A) Have you ever served in the armed forces of the US?

(B) Date of entry into active service: \_\_\_\_\_

(C) Date of discharge: \_\_\_\_\_

(D) Service serial number: \_\_\_\_\_

(E) Have you ever received a permanent original appointment or a permanent promotion in the civil service of the state or any city or civil division thereof from an eligible list on which you were allowed additional credits as an honorably discharged veteran? Yes No

7. VETERANS CREDIT:

Do you claim additional credits as an honorable discharged war veteran?

Check One

- (A) Yes, as a Non-disabled war veteran 
(B) Yes, as a Disabled war veteran 
(C) No

If you claim veterans credits, you must submit discharge or separation papers with this application.

8. RELIGIOUS ACCOMMODATION:

Check if you desire special arrangements because of a Religious Observer (For religious reasons cannot be tested on Saturdays.) Yes No

9. Check if you are Handicapped Person requiring special arrangements (Submit a statement describing the type of accommodations required.)

10. Have you any loans made or guaranteed the New York State Higher Education Services Corporation which are currently outstanding?

THE NEW YORK STATE OF HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR MARITAL STATUS ACCORDINGLY. NOTHING IN THIS 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 OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT UNDER THE JURISDICTION OF THE CIVIL SERVICE OFFICE.

BACKGROUND INVESTIGATION: APPLICANTS MAY BE REQUIRED TO UNDERGO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND INVESTIGATION, WHICH WILL INCLUDE FINGERPRINT CHECK, TO DETERMIN SUITABILITY FOR APPOINTMENT. FAILURE TO MEET THE STANDARDS FOR THE BACKGROUND INVESTIGATION MAY RESULT IN DISQUALIFICATION.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION (S) FOR WHICH YOU ARE APPLYING.

11. EDUCATION:

Have you received a High School Diploma? Yes No

If yes, Name and Location of High School: \_\_\_\_\_

If no, have you received a General Equivalency Diploma (G.E.D.)?

If you have a high school equivalency diploma indicate issuing Governmental Agency.

Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

12. EDUCATION ABOVE HIGH SCHOOL LEVEL:

Name of School	Location	Course or Major	Credits Completed	Degree/Certif. Recv'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. LICENSE/CERTIFICATION:

Do you have a license, certification, or other authorization to practice a trade or Profession? Yes \_\_\_ No \_\_\_  
If yes, is this certification permanent? Yes \_\_\_ No \_\_\_

Name of trade or profession: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

14. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes \_\_\_ No \_\_\_

15. EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position and as far as possible every other employment including service beginning with your most recent employment and work backward to consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment: From \_\_\_ to \_\_\_ Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Length of Employment: From \_\_\_ to \_\_\_ Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Length of Employment: From \_\_\_ to \_\_\_ Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_ Hours worked per week \_\_\_\_\_

