

P.O. Box 259, Berlin, NY 12022

## APPLICATION FOR NON-TEACHING POSITION

Position Desired:						Da	te:		
Name:						Cell/Hor Phor			
Home Address:									
EDUCATION:	Institutio	on		Locat	ion				# of years completed
College									•
High School									
Elementary									
EMPLOYMENT HISTO List all career exp position. Use add Firm & Location	erience in				<b>order beg</b> es Employe		with yo		<b>present</b>
Timi & Location			1 OSITION		es Employe		ars	16	пернопе
REFERENCES: List the names an reference. Name	d addresse		three supe	rvisors	(or other	-	ns not r	elat	tives) for Telephone
Ivanie		Auu	1633			1 03111	JII/ TILLE		Тетернопе

Revised: 12/2012

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 schexpense?	ool 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.						
Have you ever been convicted of child abuse?	YES	NO				
Have you ever been fired from a position?	YES	NO				
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.

RENSSELAER COUNTY Fee Received Recommendation: CIVIL SERVICE COMMISSION NED PATTISON GOVERNMENT CENTER Amount 1600 SEVENTH AVENUE, TROY, NEW YORK 12180 Approved by:\_ APPLICATION FOR EXAMINATION OR EMPLOYMENT Cash\_ Disapproved by:\_\_\_ Exam Number/Title or Position Applying For: Rec'd by:\_\_\_\_ Form MSD 330 (REVISED 3-04) This application is part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Most written test are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under "Religious Accommodation." We will make arrangements for you to take the test on a different 1. Social Security Number: 2. Name:(Last,First,Middle) Phone# Address: Immediate Notice should be given if any changes in address before or after examination. 3. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application: Months City or Village of: Town of: County of: State of: School District No. Name of School District 4. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION. A. Were you ever dismissed or discharged from any employment for Yes No reasons other than lack of work or funds? B. Did you ever resign from an employment rather than face dismissal? C. Have you ever received an Dishonorable Discharge from the Armed Forces of the United States? D. Have you ever been convicted of any crime (felony or misdemeanor)?

If you answered "Yes" to any of the questions A-F above, attach an additional sheet giving complete details.

		Yes	No
5.	Are you currently a U. S. citizen?		

E. Are you now under charges for any crime?

F. Have you ever forfeited bail bond posted to guarantee your

appearance in court to answer to any criminal charge?

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

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6.	SERVICE IN	N ARMED FORCES:	Yes	No	
	(A)	Have you ever served in the armed forces of the US?			
	(B)	Date of entry into active service:		<del></del>	
	(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	n additional credits as an honorable discharged war veter	an? Check	One	
	(B) (C)	Yes, as a Non-disabled war veteran Yes, as a Disabled war veteran No veterans credits, you <b>must</b> submit discharge or separation	n naners y	with this appli	cation
8.		ACCOMMODATION:	прарого	mu mo appin	, and an
0.	Check if you	desire special arrangements because of a Religious religious reasons cannot be tested on Saturdays.)	Yes	No	
9.		are Handicapped Person requiring special arrangements tement describing the type of accommodations required.			
10.		v loans made or guaranteed the New York State Higher rvices Corporation which are currently outstanding?			
AGE, R NOTHI LIMITA DISABI	ACE, CREED NG IN THIS A ATION, SPECI	ATE OF HUMAN RIGHTS LAW PROHIBITS DISCR , COLOR, NATIONAL ORIGIN, SEX, DISABILITY O APPLICATION FORM SHOULD BE VIEWED AS EX FICATION OR DISCRIMINATION AS TO AGE, RAG RITAL STATUS IN CONNECTION WITH EMPLOY	OR MAR PRESSIN CE, CREI	ITAL STATU G DIRECTLY ED, COLOR, 1	S ACCORDINGLY. Y OR INDIRECTLY, ANY NATIONAL ORIGIN, SEX,
CRIMIN SUITAE	NAL HISTORY BILITY FOR A	ESTIGATION: APPLICANTS MAY BE REQUIRED Y BACKGROUND INVESTIGATION, WHICH WILL APPOINTMENT. FAILURE TO MEET THE STAND ASQUALIFICATION.	INCLUI	E FINGERP	RINT CHECK, TO DETERMIN
	EMPLO' IN RELA	OF THE ABOVE CIRCUMSTANCES REPRESENT AN AUTOM YMENT. EACH CASE IS CONSIDERED AND EVALUATED O ATION TO THE DUTIES AND RESPONSIBILITIES OF THE PO E APPLYING.	ON INDIVI	DUAL MERITS	
11.	EDUCATION	<b>1</b> :			
	Have you rece	eived a High School Diploma?	Yes □	No	
	If yes, Name a	and Location of High School:			_
	If no, have yo	u received a General Equivalency Diploma (G.E.D.)?			
	If you have a	high school equivalency diploma indicate issuing Gove	mmental	Agency.	
	Number:	Date of Issue:			Page 2 of 4

Name of School	Location		Course or Major	Credits Completed	Degree/Certif. Recv'
		<del></del>			
13. LICENSE/CERTIF	FICATION:				
Do you have a licer If yes, is this certifi			tion to practice a tra	de or Profession?	/es No /es No
Name of trade or pr	rofession:	1	License/Certificate N	Number:	
Licensing Agency:		1	Licensed from:	to:	
14. If required on the a	nnouncement, do	you have a valid l	icense to operate a r	notor vehicle in New Yor	k State? Yes No
experience that tend beginning with you required to furnish s	ds to qualify you for most recent empos satisfactory proof	or the position an loyment and wor of experience cla	d as far as possible of k backward to conse imed.	t or occupation you have every other employment i cutively to your first one	ncluding service  Applicants may be
Length of Employment:	Fromto	_ Firm Name:_		Address:	
Type of Business:		Your Title:		_ Immediate Supervisors	s Name:
Description of Duties:					
Reason for leaving:			Salary:	Hours worked	per week
Length of Employment:	Fromto	Firm Name:		Address:	
Type of Business:		Your Title:		_ Immediate Supervisors	s Name:
Description of Duties:					
			Salary:	Hours worked	l per week
Length of Employment:	Fromto	_ Firm Name:		Address:	
Type of Business:		_ Your Title:		_ Immediate Supervisor	s Name:
Description of Duties:					
Reason for leaving:			Salary:	Hours worked	ner week

Please use this sheet for any additional information you may need to provide.	
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FOR OFFICE USE ONLY	
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