



CHENANGO VALLEY CENTRAL SCHOOL DISTRICT

Application
of

(Name)

Non-Instructional Application

Chenango Valley Central School District
Binghamton, NY 13901

Position applying for: _____

Date submitted: _____

Please return this application to:

Mrs. Michelle Feyerabend
Chenango Valley Central School District
221 Chenango Bridge Road
Binghamton, New York 13901

The Civil Rights Act 1964 prohibits discrimination in employment practice because of race, color, religion, sex, national origin, or handicap. PL 90-202 prohibits discrimination because of age. The New York Human Rights Law prohibits discrimination because of sex.

The Chenango Valley Central School District does not discriminate on the basis of sex in the educational programs or activities which it operates, and it is required by Title IX of Education Amendments of 1972 not to discriminate in such manner. This policy of non-discrimination includes the following areas: recruitment and appointment of employee, employment pay and benefits, counseling services for students, access by students to educational programs, course offerings and student activities.

CHENANGO VALLEY CSD EMPLOYMENT APPLICATION



Attn: Mrs. Michelle Feyerabend
 221 Chenango Bridge Road
 Binghamton, NY 13901

DO NOT WRITE IN THIS SPACE

1. _____ Full-Time Part-Time
Title of Position Applying For Temporary Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County.

The NYS Human Rights Law prohibits discrimination because of age.

Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing, and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions. Write "No" or "None" where applicable.

2. **NAME** _____
Last First Middle

3. **LEGAL ADDRESS** _____
Street County

City State Zip

4. **MAILING ADDRESS** _____
(If different from above) Street City State / Zip

5. **EMAIL** _____ 7. **CELL** (____) _____

8. **HOME PHONE** (____) _____ 9. **WORK PHONE** (____) _____

(Please notify immediately of any changes.)

10. **EDUCATION:** Circle last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or Universities				
Other				

FOR DEPARTMENT USE ONLY

Approved Disapproved Reviewer's Initials _____

Comments: _____

11. EMPLOYMENT EXPERIENCE - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

A.

CompanyName_____

Type of Business_____

Address_____

Your Position Title_____

Supervisor's Name_____

and Title_____

Employed From (date)_____ To (date)_____

Hours/Week _____

Describe your duties and responsibilities in detail_____

Reason for leaving (Please explain fully.)_____

B.

CompanyName_____

Type of Business_____

Address_____

Your Position Title_____

Supervisor's Name_____

and Title_____

Employed From (date)_____ To (date)_____

Hours/Week _____

Describe your duties and responsibilities in detail_____

Reason for leaving (Please explain fully.)_____

C.

CompanyName_____

Type of Business_____

Address_____

Your Position Title_____

Supervisor's Name_____

and Title_____

Employed From (date)_____ To (date)_____

Hours/Week _____

Describe your duties and responsibilities in detail_____

Reason for leaving (Please explain fully.)_____

D.

CompanyName_____

Type of Business_____

Address_____

Your Position Title_____

Supervisor's Name_____

and Title_____

Employed From (date)_____ To (date)_____

Hours/Week _____

Describe your duties and responsibilities in detail_____

Reason for leaving (Please explain fully.)_____

PERSONAL DATA

12. Do you have the legal right to accept employment in the United States? Yes No
(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment).

13. Have you ever been convicted of a misdemeanor or felony? Yes No
If yes, please give particulars and disposition of each charge on a separate sheet and attach same.

14. If a motor vehicle license is required for the position, please indicate the license you presently possess:
Class A B C D E (circle one) Designate type of commercial license: _____
Date of Expiration: _____ / _____ / _____
month day year

15. If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:
Name of Trade or Profession _____
License Number _____ Date From _____ To _____
Licensing Agency _____ City/State _____

16. For reference purposes do you have any objections to our contacting present or past employers? Yes No
If yes, comment: _____

17. Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law? Yes No

18. Did you serve in the armed forces of the United States? Yes No
Branch _____ Dates _____

19. Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes No

20. What made you aware of this vacancy or Broome County employment opportunities?
 Personal Reference TV Radio Newspaper
 Bulletin Board In the Personnel Office Other _____

DECLARATION I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination (if required for my position) and authorize the examining physician to render the results to the appropriate party. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

21. Signature _____ Date _____

22. Please print any other surnames (last names) by which you are or have been known.

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.



References

(Required)

State the names of persons who, during the past five years, are knowledgeable as to your work experiences.

Name: _____ Title: _____

Company: _____

Address: _____

Phone (C) () _____ Phone (W) () _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone (C) () _____ Phone (W) () _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone (C) () _____ Phone (W) () _____

Name: _____ Title: _____

Company: _____

Address: _____

Phone (C) () _____ Phone (W) () _____