

HUNTINGTON UNION FREE SCHOOL DISTRICT

Huntington, N. Y. 11743

Phone: 631-673-2185 Fax: 631-427-6576

www.hufsd.edu

Non-Instructional Application Form

Position(s) Applied for: Full Time Part Time

Clerical Security Maintenance/Custodial Teacher Aide Food Service Other _____

Personal Information:

Name: _____
Last First Maiden

Address: _____
Street City State Zip

Telephone #: _____ Social Security #: _____

Educational Background:

School	Name and Location	Course of Study	Graduate	Degree/Diploma
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Activities:

High School, College and Community activities: _____

Awards, Honors, Recognition: _____

Please provide additional information regarding the position for which you are applying:

Teacher Aide: Indicate experiences that qualify you for working with children in a school setting:

Are you interested in substitute work in this area? Yes No

Food Service: Have you ever had experience in preparing and serving food in an institutional setting? If yes, describe. _____

Are you interested in substitute work in this area? Yes No

Clerical: Your average typing speed _____ w.p.m. Do you know word processing? Yes No
 If yes, what program(s): _____
 Other computer programs with which you have worked: _____
 Have you taken any Civil Service Examinations for clerical positions? Yes No
 If yes, When: _____ Title: _____
 Are you interested in substitute work in this area? Yes No

Custodial/Maintenance/Grounds: Have you had experience or training in this area? Yes No
 If yes, explain: _____

 Have you taken any Civil Service Examinations for the above positions? Yes No
 If yes, When: _____ Title: _____
 Are you interested in substitute work in this area? Yes No

Security: Have you had experience or training as a security person? Yes No If yes, please explain: _____

 Have you taken any Civil Service Examinations for the above position? Yes No
 Are you interested in substitute work in this area? Yes No
 Do you hold a NYS Security Guard License? Yes No
 If yes, License # _____ Expiration Date: _____

Employment Experience:

List most recent experience first. List all prior employers. Use additional sheet if necessary.

Name & Address of Employer	Supervisor's Name & Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
	Phone ()	Salary: \$				

Your job title/responsibilities: _____

May we contact this employer: Yes No

Name & Address of Employer	Supervisor's Name & Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
	Phone ()	Salary: \$				
Your job title/responsibilities:						
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name & Address of Employer	Supervisor's Name & Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
	Phone ()	Salary: \$				
Your job title/responsibilities:						
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Please answer the following questions:

1. Estimate your total absences from work for the past five years. _____
2. Have you ever been terminated, or asked to resign from a position? Yes No If yes, please explain on a separate sheet.
3. Can you perform the essential job functions and activities of the position for which you are applying, with or without accommodations? Yes No
4. Are you a veteran? Yes No If yes, provide dates of service: _____
Did you receive an honorable discharge? Yes No
5. Are you a volunteer firefighter? Yes No If yes, provide dates of service and location of fire department: _____
6. Have you ever been convicted of a crime, excluding minor traffic violations? Yes No If yes, please explain on a separate sheet, citing date, offense and disposition of case.
7. Are you an active or retired member of the NYS Retirement system? Yes No # _____
8. Are you a US citizen? Yes No If not, are you legally eligible to work? Yes No
9. Have you been fingerprinted? Yes No If yes, where? _____ Date _____

References: Please list persons who can testify to your experience, character and workmanship.

1. Name: _____ Phone: _____
Address: _____ Relationship: _____

2. Name: _____ Phone: _____
Address: _____ Relationship: _____

3. Name: _____ Phone: _____
Address: _____ Relationship: _____

4. Name: _____ Phone: _____
Address: _____ Relationship: _____

I hereby authorize the Huntington UFSD to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers, and educational institutions, personal references, professional references and other appropriate sources. I waive my right to access any information provided by any reference in the process of investigating my personal background and work record.

Signature: _____ Date: _____

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal if employed, regardless of what or when discovered.

Signature: _____ Date: _____

Huntington UFSD Non-Discrimination Notice

The Huntington UFSD does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy on non-discrimination includes the recruitment, hiring and advancement of employees' salaries, pay and other benefits.

4/25/03

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