

SCIO CENTRAL SCHOOL

3968 WASHINGTON STREET • SCIO, New York 14880
585-593-5510 • FAX 585-593-0653

SUPPORT STAFF EMPLOYMENT APPLICATION

Please indicate the type of position you are seeking: (check all that apply.)

Full-time _____ Part-time _____

CUSTODIAN	_____	BUS DRIVER	_____
CLEANER	_____	BUS ATTENDANT	_____
FOOD SERVICE HELPER	_____	OFFICE AIDE	_____
COOK	_____	MECHANIC/BUS DRIVER	_____
CASHIER	_____	GROUNDWORKER	_____
MONITOR	_____	BUILDING MAINT. ASST	_____
TEACHER AIDE	_____	SENIOR TYPIST	_____
SCHOOL NURSE	_____		

*(Full time and part time applicants must also complete a civil service application.
Substitute applicants must complete a different application form.)*

PERSONAL INFORMATION:

APPLICANT NAME: _____
Last First Middle

Have you been fingerprinted through the New York State Education Department? Yes _____ No _____
If yes, where? _____

REFERENCES:

(List four non-relatives willing to recommend you and be qualified to give any information to show your fitness for the position you seek.) Do not refer to Resume.

Name Address Daytime Phone (home/business) Occupation

ADDITIONAL INFORMATION:

Date Available? _____ 20_____

Why do you feel you should be hired for this position?

How did you learn of this opening? Newspaper (classifieds) _____ Vacancy Notice _____

Scio Employee _____ Other (describe)_____

I understand that Scio Central School will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted below, to provide any information requested about me, and I release them from all liability in providing this information.

May Scio Central School contact your current employer? (circle) Yes No

Applicant's Signature _____ Date _____

Scio Central School will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

OFFICE USE ONLY: Date Interviewed _____ 20_____ Position: _____
Interview by: _____ References Checked: _____
Recommendation: _____ Board Approved: _____ Fingerprinting Completed: _____
Emergency Conditional Clearance: _____