

EXPERIENCE

Employment Experience

Please list all previous employers below, starting with the most recent.	
Company Name:	Telephone Number (incl. area code): ()
Address:	Employed (State Month and Year) From: To:
Name and Title of Supervisor:	May we contact for a Reference?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Brief Description of Duties:	Reason(s) For Leaving:
Company Name:	Telephone Number (incl. area code): ()
Address:	Employed (State Month and Year) From: To:
Name and Title of Supervisor:	May we contact for a Reference?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Brief Description of Duties:	Reason(s) For Leaving:
Company Name:	Telephone Number (incl. area code): ()
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Name and Title of Supervisor:	May we contact for a Reference?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Brief Description of Duties:	Reason(s) For Leaving:
Company Name:	Telephone Number (incl. area code): ()
Address:	Employed (State Month and Year) From: To:
Name and Title of Supervisor:	May we contact for a Reference?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Brief Description of Duties:	Reason(s) For Leaving:

*Military or Additional Experience

Employer & Location	<i>Inclusive Dates</i> From To Mo./Yr. Mo./Yr.	Job Title	Name of Supervisor/ Telephone Number

**A dishonorable discharge will not be considered a barrier to employment.*

Related Experience

List educational travel, lectures, organizational memberships, etc., that you would consider relevant to your ability to perform the duties of this position. _____

OTHER

Are you authorized to work in the United States? Yes No

Have you been previously fingerprinted and had a criminal history record check by the State Education Department? Yes No If "yes," please state the date performed and list circumstances (e.g., employment at school district, etc.). _____

Have you ever been convicted of a crime, or subject to current criminal prosecution? Yes No If "yes," please indicate specific circumstances regarding the criminal conviction or criminal prosecution. _____

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Have you ever been disciplined by a previous employer (e.g., reprimand, fine, suspension, termination, etc.)? Yes No If "yes," please indicate specific circumstances regarding the disciplinary action. _____

(Please note that a "yes" answer will not necessarily disqualify you from consideration for employment.)

Are you a member of the New York State Employees' Retirement System? Yes No If "yes," Membership Number: _____

Please list any applicable professional license(s) (include type of license and number; e.g., CSW, LPN, RN, etc.): _____

Expiration Date(s) of above professional license(s): _____
(Please attach a copy of each license listed)

Please list any extra-curricular activities that you feel qualified to advise or coach. Specify those activities with which you have had experience. _____

For School Nurse Applicants Only:

Have you received training regarding OSHA regulations, HIV, and Hepatitis B? Yes No

Are you currently subject to a license revocation or suspension proceeding? Yes No If "yes," please explain. _____

REFERENCES

List names of those who have closely observed your work as an employee or a student.

Name and Title	Address	Home and Work Telephone Numbers (include Area Code)
		H - W -
		H - W -
		H - W -

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me. I understand the District will conduct an inquiry regarding my background and experience and I authorize participating districts to verify any and all information contained herein by any means possible. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied.

Signature of Applicant

Date