

Eden Central School District
8289 North Main Street
Eden, New York 14057

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____
Last First Middle

Please list any other name(s) by which you may have been known in the past if such names are relevant to pre-employment requests for information by the District: _____

Current Address: _____ Telephone: _____
Street

City State Zip

Permanent Address: _____ Telephone: _____
Street

City State Zip

Social Security Number: _____

✂ Are you 18 years of age or older? ☐ YES ☐ NO



Embrace
Educate
Empower

As an Equal Opportunity Employer, the Eden Central School District does not discriminate on the basis of race, color, age, sex, religion, national origin, marital status, disability, or status as a disabled or Vietnam era veteran.

ADDITIONAL PERSONAL INFORMATION

- ✂ Are you legally authorized to work in the United States of America? ☐ YES ☐ NO
- Have you ever served in the United States Armed Forces? ☐ YES ☐ NO
- If yes, did you receive a Dishonorable Discharge or a Bad Conduct Discharge? ☐ YES ☐ NO
- If yes, please explain on a separate sheet. A Dishonorable Discharge or Bad Conduct Discharge is not an absolute bar to employment; other factors will affect the final decision.*
- ✂ Have you ever been convicted of a crime? ☐ YES ☐ NO
- If yes, please explain on a separate sheet. A Record of Conviction does not necessarily disqualify the applicant from employment consideration.*
- ✂ Are there any criminal charges or proceedings against you pending? ☐ YES ☐ NO
- If yes, please explain on a separate sheet.*
- ✂ Have you ever been the subject of a report for child abuse, maltreatment, or neglect? ☐ YES ☐ NO
- If yes, please explain on a separate sheet.*
- ✂ List all current employees or officers of the District you are related to by blood or marriage and state the relationship: *(attach separate sheet if necessary)*
- Name: _____ Relationship: _____
- Name: _____ Relationship: _____
- Name: _____ Relationship: _____
- ✂ List all current employees or officers of the District you know personally and state how you know them: *(attach separate sheet if necessary)*
- Name: _____ Explain: _____
- _____
- Name: _____ Explain: _____
- _____
- ✂ Have you ever been released from employment, asked to resign, and/or denied permanent status/tenure? ☐ YES ☐ NO
- If yes, please explain on a separate sheet.*

REFERENCES

Give the names of three individuals who have closely observed your work in the position for which you are applying.

Reference 1

Reference 2

Reference 3

Name			
Title/Occupation			
Years of Acquaintance			
Address: (Street)			
(City, State, Zip)			
Phone			

EMPLOYMENT HISTORY

List the most recent employment first.

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason for Leaving
		From: Mo. Yr.		To: Mo. Yr.		
	Phone					

Position Title and Responsibilities:

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason for Leaving
		From: Mo. Yr.		To: Mo. Yr.		
	Phone					

Position Title and Responsibilities:

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason for Leaving
		From: Mo. Yr.		To: Mo. Yr.		
	Phone					

Position Title and Responsibilities:

EDUCATIONAL AND PROFESSIONAL PREPARATION

<i>High School</i>	<i>Major/Minor</i>		<i>Diploma</i>
Name:			
City/State:			
<i>College/University (Undergraduate)</i>	<i>Major</i>	<i>Minor</i>	<i>Degree</i>
Name:			
City/State:			
Name:			
City/State:			
<i>College/University (Graduate)</i>	<i>Major</i>	<i>Minor</i>	<i>Degree</i>
Name:			
City/State:			
Name:			
City/State:			

Date Available for Employment: _____ Date Available for an Interview: _____

Please read the following statements carefully, as they constitute conditions for employment with the Eden Central School District.

I hereby 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 when discovered. I hereby authorize the Eden Central School District and/or the Town of Eden Police Department or my local law enforcement agency to make any investigation of my personal history, employment record, and criminal record, and I specifically authorize the use of my Social Security Number for this purpose.

The persons, schools, current and prior employers named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District and the Town of Eden Police Department or my local law enforcement agency from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

In the event that I am employed, I agree to conform to the District's rules and regulations.

Signature of Applicant

Social Security Number

Date

This application will remain active for one year from the date of receipt by the school district.