

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

ADDENDUM TO APPLICATION FOR EMPLOYMENT
by
SUPPORT STAFF APPLICANT

POSITION(S) FOR WHICH YOU ARE APPLYING

(Check all positions for which you are applying.)

COMPETITIVE CLASSIFICATION

- ☐ Clerical *
- ☐ Custodial *
- ☐ Other * _____

NON-COMPETITIVE CLASSIFICATION

- ☐ Bus Driver
- ☐ Clerical (part-time)
- ☐ Registered Nurse
- ☐ Teacher's Aide
- ☐ Bus Attendant
- ☐ Day Care Provider
- ☐ Computer Aide
- ☐ Other _____

LABOR CLASSIFICATION

- ☐ Cleaner
- ☐ Cook
- ☐ Food Service Helper
- ☐ Groundsperson
- ☐ Laborer
- ☐ Mechanic
- ☐ Maintenance
- ☐ Other _____

**EXEMPT AND/OR
MANAGERIAL/CONFIDENTIAL ***

- ☐ Other _____

*If you checked a position for which you must take a Civil Service Examination, do you currently hold the title or are you on the appropriate Erie County Civil Service List? ☐ Yes ☐ No

Employment status you are seeking: _____ Full-time _____ Days _____ Substitute
_____ Part-time _____ Evenings

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.

Signature of Applicant _____ Date _____

ADDITIONAL INFORMATION REQUIRED OF APPLICANTS FOR BUS DRIVERS ONLY

Class of Driver's License_____

Expiration Date_____

Motorist Identification Number_____

State in which it was issued_____

✂ For how many years have you driven a motor vehicle?_____

Of those years, for how many have you driven a light truck or wagon?_____

Of those years, for how many have you driven a heavy truck?_____

✂ Have you ever attended a Bus Driver Training Course or other such course? ☐ Yes ☐ No

If yes, please provide the following information for each.

Date(s) Course Was Taken	Location Course Was Taken	Title of Certificate Issued

✂ During the last five years, have you had an accident which resulted in injuries to yourself or others?

☐ Yes ☐ No

If yes, please describe below the extent of the accident(s).

✂ During the last three years, have you been convicted of any moving traffic violations? ☐ Yes ☐ No

If yes, please provide the following information.

Date	Charge	Court Location

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.

Signature of Applicant_____

Date_____