

HARTFORD CENTRAL SCHOOL DISTRICT
 4704 State Route 149, PO Box 79
 Hartford, New York 12838
 Phone (518) 632-5931

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Phone () -
	City, State, Zip			Business Phone () -
	Have you ever applied for employment with Us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No.
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			
	How did you learn of our organization?			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(exclude those which may disclose your race, color, religion or national origin)</i>

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service _____
		Period of Active Duty (Month & Year) From _____ To _____
		Rank at Discharge _____
		Date of Final Discharge _____

PERTAINS ONLY TO APPLICATION FOR REGULAR OR SUBSTITUTE BUS DRIVER	
Date of Birth _____	
Last Previous Address _____	
1. Class of driver's license _____ Expiration date of such license _____ Motorist Identification No. _____ State of issuance _____	
2. How many years have you driven? _____ Have you ever had an accident while driving the past five years which resulted in injuries to yourself or others? Yes _____ No _____ If Yes, describe extent of accident or accidents _____ _____	
3. Have you been convicted of moving traffic violation (reckless driving, etc.) or of any criminal act during the past three years? Yes _____ No _____ If Yes, give:	
Date	Charge
Court & Location	

4. Active driving experience: _____ Years _____ Years _____ Years (Passenger bus or heavy truck) (Light truck or station wagon)	
5. Do you use intoxicants? Frequently _____ Seidom _____ Never _____	
6. Do you use drugs? Frequently _____ Seidom _____ Never _____	
7. Have you ever had any convusions or periods of unconsciousness? _____	

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an Investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____	_____
	Date	Signature