Date(s) of interview:	NON-INSTRUCTIONAL APPLICATION	JOBS APPLIED FOR:			
Interviewer's Initials:	North Collins	□ Full Time □ Part Time			
	Central School District				
ASSIGNMENT:		□ Temporary Seasonal			
, 13 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DISTRICT OFFICE	□ Substitute □ Bus Attendant □ Bus Driver □ Cofetorie Maniter			
As	2045 School Street P.O. Box 740				
for	1 .O. DOX 1-10				
Building Effective Date	(-, (-), -, -, -, (-), (-)	□ Cafeteria Monitor □ Clerical			
Date of Board Approval	Fax: (716) 337-3457	□ Cleaner			
	— NVC Illuman Dimbto I aus machibita	□ Custodian			
Step Rate	<ul><li>N.Y.S. Human Rights Law prohibits</li><li>discrimination because of age, national</li></ul>	□ Laborer			
Salary Rate		□ Nurse, LPN or RN			
Comments	_	□ Teacher Aide □ Other			
	_				
	PERSONAL INFORMATION				
Name					
Last	First	Middle			
Address					
		DI.			
		Phone			
Years at above address	Social Security No				
Have you ever been convicted of a	crime, excluding minor traffic offenses?				
If yes, please explain on a separate	sheet				
, , , , ,					
	to change of name, assumed name, use of nic				
on your work record?	_ If yes, please explain	<del> </del>			
List any friends or relatives other that	an spouse working for us				
	EDUCATIONAL PREPARATION				
Name & Location of School	Major Mind	or Diploma or Degree			
ligh School:					
Callaga					
College:					
Business or Trade:					
Other:					

## **ACTIVITIES**

vards, Honors, Recognition						
	EMPLOYMENT EX		_			
st most recent experience first – L Name and Address of Employer	ist all prior employers – Use a Supervisor's Name and Title	dditiona <i>Fr</i> o		t if need		Reason for Leaving
······································		Мо.		Mo.	Yr.	· · · · · · · · · · · · · · · · · · ·
					-	
	Phone ( )				=	
Describe in detail the work you did	l:					
	T					
Name and Address of Employer	Supervisor's Name and Title	Fro		To		Reason for Leaving
		Мо.	Yr.	Мо.	Yr.	
					F	
	Phone ( )				F	
Describe in detail the work you did	` '					
Name and Address of Employer	Supervisor's Name and Title	Fro	m	To	)	Reason for Leaving
		Мо.	Yr.	Мо.	Yr.	
	Phone ( )					
Describe in detail the work you did	l:					

## **REFERENCES**

Give the names of three references who have closely observed your work as an employee or student. Recommendations by present and former supervisors, Principals, and others are preferred.

Please Print	1	2	3	
Name:				
Position:				
Address:				
(include zip code)				
Phone:	( )	( )	( )	
WAIVE MY RIG	HT OF ACCESS TO AN	NY INFORMATION SUBMITTED	D BY THESE REFERENCES.	
			Signature of Applicant	
PLEASE FILL	OUT ADDITIONAL IN	FORMATION FOR THE PARTI	CULAR TYPE OF POSITION FOR	
		WHICH YOU ARE APPLY		
NDICATE EXPERI	ENCES THAT QUALIFY	YOU FOR WORKING WITH STUDI	ENTS IN A SCHOOL SETTING.	
				_
				_
		CLERICAL		
PLEASE LIST SC	FTWARE PROFICIENCI	ES (WORD, EXCEL, ETC.)		
DO YOU HAVE A	PREFERENCE OR BAC	KGROUND WORKING IN PURCH	ASING, ACCOUNTS PAYABLE OR PAYRO	OLL?
		EXAMINATIONS FOR CLERICAL F XAM TITLE(S)		
SCORES				<del>-</del>
ARE YOU INTER	ESTED IN SUBSTITUTE	WORK IN THIS AREA? YES ( )	NO ( )	
		CUSTODIAL/LABORER	,	
			OTOR VEHICLE OPERATOR, GENERAL	
INDICATE EXPE	RPENTER, ELECTRICIAN RIENCE OR TRAINING 1	THAT QUALIFIES YOU FOR YOUR	R AREA OF PREFERENCE:	
		DVICE EVANUATIONS FOR CUS	TODIAL DOCITIONICS	
		RVICE EXAMINATIONS FOR CUST WHERE		_
TITLE(S)		SCORE(S)		_
TYPE OF DRIVE	R'S LICENSE	HAVE YOU BEEN CHARGED	) WITH MOVING TRAFFIC VIOLATIONS OR WITH ANY CRIMINAL ACT? YES( ) I	
RECKLESS DR IF YES, GIVE DA	IVING, SPEEDING, ETC.) ATE:	WITHIN THE LAST FIVE YEARS ( CHARGE:	OR WITH ANY CRIMINAL ACT? YES( ) I	NO()
DISPOSITION_		COURT AI	ND LOCATION	
ARE YOU INTER	RESTED IN SUBSTITUTE	WORK IN THIS AREA? YES ( )	NO ( )	

ARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND	CLEANER
IF YES, EXPLAIN  ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )  TRANSPORTATION  ANSWER THE FOLLOWING IF APPLYING FOR REGULAR OR SUBSTITUTE BUS DRIVER: CLASS OF DRIVER'S LICENSE EXPIRATION DATE  MOTORIST IDENTIFICATION NO. STATE OF ISSUANCE  ATTACH TO THIS APPLICATION FORM AT LEAST THREE (3) STATEMENTS FROM THREE DIFFERENT PERSONS WARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND ADDRESSES IN THE REFERENCE SECTION. (THIS IS A STATE EDUCATION DEPARTMENT REQUIREMENT.)  HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS YES ( ) NO ( ) IF YES, GIVE DATE: COURT AND LOCATION:  COURT AND LOCATION:  ACTIVE DRIVING EXPERIENCE: SCHOOL BUS YEARS: PASSENGER BUS OR HEAVY TRUCK YEARS: LICENCE STATION WAGON YEARS.  DO YOU USE INTOXICANTS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? FOR FREQUENTLY ( ) SELDOM ( ) NEVER ( ) POYOU USE DRUGS? POYOUS OF PRICHOS OF UNCONSCIOUSNESS? YES ( ) NO ( )  IF YOU ARE INTERESTED IN AUTOMOTIVE MECHANICS OR AUTO BODY REPAIR WORK, PLEASE INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THESE AREAS.  ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )  TRANSPORTATION SUPERVISOR'S STATEMENT  I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE YEAR POYOUS HIS/HER EMPLOYMENT.  DATE  SUPERVISOR OF TRANSPORTATION / CHIEF SCHOOL OFFICER  APPLICANT FOR THE POYOUS OF DISMISSAL IF EMPLOYER, RESPOLESS OF WHEN DISSON WILL BETERICED FOR DISSO	HAVE YOU HAD EXPERIENCE OR TRAINING IN INSTITUTIONAL CLEANING? IF YES, EXPLAIN
ANSWER THE FOLLOWING IF APPLYING FOR REGULAR OR SUBSTITUTE BUS DRIVER: CLASS OF DRIVER'S LICENSE	
ANSWER THE FOLLOWING IF APPLYING FOR REGULAR OR SUBSTITUTE BUS DRIVER:  CLASS OF DRIVER'S LICENSE	ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )
CLASS OF DRIVER'S LICENSE EXPIRATION DATE	TRANSPORTATION
ATTACH TO THIS APPLICATION FORM AT LEAST THREE (3) STATEMENTS FROM THREE DIFFERENT PERSONS WARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND RELIABILITY. LIST THEIR NAMES AND ADDRESSES IN THE REFERENCE SECTION. (THIS IS A STATE EDUCATION DEPARTMENT REQUIREMENT.)  HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS YES () NO () IF YES, GIVE DATE:	
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YES ( ) NO ( ) IF YES, GIVE DATE:	ATTACH TO THIS APPLICATION FORM AT LEAST THREE (3) STATEMENTS FROM THREE DIFFERENT PERSONS W ARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND RELIABILITY. LIST THEIR NAMES AND ADDRESSES IN THE REFERENCE SECTION. (THIS IS A STATE EDUCATION
ACTIVE DRIVING EXPERIENCE: SCHOOL BUS YEARS; PASSENGER BUS OR HEAVY TRUCK YEARS; LICTRUCK OR STATION WAGON YEARS.  DO YOU USE INTOXICANTS?	HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS' YES ( ) NO ( ) IF YES, GIVE DATE: CHARGE: CHARGE: DISPOSITION: COURT AND LOCATION:
HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS? YES ( ) NO ( )  IF YOU ARE INTERESTED IN AUTOMOTIVE MECHANICS OR AUTO BODY REPAIR WORK, PLEASE INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THESE AREAS.  ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )  TRANSPORTATION SUPERVISOR'S STATEMENT  I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEARFOR THE NORTH COLLINS CENTRAL SCHOOL DISTRICT. I HEREBY APPROVE HIS/HER EMPLOYMENT.  DATE  SUPERVISOR OF TRANSPORTATION / CHIEF SCHOOL OFFICER  APPLICANT'S STATEMENT  FREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMP THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT ANY FALSIFICATION OR OMISSION WILL BE OFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL IF EMPLOYED, REGARDLESS OF WHEN DISCOVERED. I	ACTIVE DRIVING EXPERIENCE: SCHOOL BUS YEARS; PASSENGER BUS OR HEAVY TRUCK YEARS; LIG
ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES ( ) NO ( )  TRANSPORTATION SUPERVISOR'S STATEMENT  I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEAR	DO YOU USE INTOXICANTS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) DO YOU USE DRUGS? FREQUENTLY ( ) SELDOM ( ) NEVER ( ) HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS? YES ( ) NO ( )
TRANSPORTATION SUPERVISOR'S STATEMENT  I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEAR	
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LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEAR	TRANSPORTATION SUPERVISOR'S STATEMENT
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TED SIGNATURE OF APPLICANT	REBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMP THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT ANY FALSIFICATION OR OMISSION WILL BE FFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL IF EMPLOYED, REGARDLESS OF WHEN DISCOVERED. I REBY AUTHORIZE YOU TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY.