

East Hampton Union Free School District Support Staff Application

4 Long Lane
East Hampton, NY 11937
District Office: 631-329-4100
Fax: 631-324-0109

www.ehufsd.org

Check position(s) of interest:

- | | |
|---|---|
| <input type="checkbox"/> Account Clerk | <input type="checkbox"/> Custodial Grounds |
| <input type="checkbox"/> Senior Account Clerk | <input type="checkbox"/> Facilities Manager |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> Clerk Typist | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Senior Clerk Typist | |
| <input type="checkbox"/> Computer Technician | |
| <input type="checkbox"/> Custodian | |

GENERAL INFORMATION

Date _____

Last Name	First Name	Middle Name
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Address	Street/ Mailing
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City	State	Zip
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Phone/ E-Mail _____

Years at above address _____ Social Security No. _____

Have you ever been convicted of a crime, excluding minor traffic offenses? _____

Are any criminal charges or proceedings pending against you? _____ If yes, please explain on a separate sheet.

List any persons working for us who know you. _____

Please indicate whether you are a veteran _____ or exempt volunteer fireman _____

Are you or have you been a member of N.Y.S. Employees Retirement System? _____
If yes, please provide number _____

Have you ever been dismissed from any position? _____ If yes, attach details.

Are you a United States Citizen?	
<p>YES _____</p> <p>Please provide passport or birth certificate, social security and Driver license.</p>	<p>NO _____</p> <p>Please provide documentation that you are legally eligible to work in the United States.</p>

EDUCATION

Name and Location of School	Dates of Attendance	Diploma, Degree or Certificate

EMPLOYMENT EXPERIENCE

Name of Employer	Position	Address/Phone	Dates Employed	Reason for leaving

REFERENCES

Name	Address and Phone No.	Occupation

SECURITY SCREENING APPLICATION
(Please type or print clearly and fill in all information)

Last Name First Name Middle Name (Jr., Sr., Etc.) Date of Birth

List all other names used Social Security Number

Current Address City State Zip

()
Home Phone Number Driver's License or State ID Number/State

Professional License Number Type of Professional License State Issued

List all cities, states and the dates where you have lived for the past 7 years:

City	State	Dates From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Name of High School City State

Name Used while attending Last Date Attended Graduate? Yes/ No GED/Location: _____

List all Colleges and /or Universities that you attended:: _____
Name used while attending

Name of College/University City/State Dates Left

Employment Record Please continue listing your employment starting with most recent employer. List ALL full time and part time employment during the last seven years. May we contact your present employer? Yes _____ No _____

Please fill out completely

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

From _____
Name _____ Phone _____ Position _____

Mo/Yr. _____
To Address _____ City _____ State _____

Mo/Yr. Supervisor _____ Final Salary _____ Reason Left _____

References

Reference Name _____ Phone Number _____

Reference Name _____ Phone Number _____

Have you ever been convicted of a crime other than traffic violations, or are you presently out on bail for an open pending case? Yes _____
No _____ If yes, please explain. (Nature of offense, court and city, case number)

Print Name _____ Signature _____ Date _____

DISCLOSURE RELEASE FORM FOR APPLICATIONS

INFORMATION RESOURCES

This is to inform you that as part of our procedure for processing your employment application, the hiring company may use **Information Resources**, an independent outside agency.

This agent may make an investigative report in which information is obtained through personal interviews with family member, business associates, financial sources, credit reporting agencies, friends, neighbors, educational institutions, courts, law enforcement agencies or other third parties with whom you are acquainted. This information will include inquiries as to your characteristics or mode of living, whichever is applicable.

By signing the document below you are releasing any and all persons, companies or others from any liability whatsoever for this purpose.

You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation.

Residents of California, Minnesota and Oklahoma only: If a credit report is part of the background screening process, you have the right to receive a copy of it. Please mark the appropriate box.

I would like to receive a copy of my credit report, (applies only if the hiring company requests this service as part of your pre-employment screening): Yes No

Signature Date

Print: First Name Last Name Middle Name

All other names used (Aliases, AKA's, Maiden) Social Security Number

Print Full Name as it Appears on Driver's License

Voluntary Information (For Identification Purposes Only)

Date of Birth

EAST HAMPTON UNION FREE SCHOOL DISTRICT

District Office
4 Long Lane
East Hampton, NY 11937
631-329-4100

STATE OF NEW YORK
COUNTY OF SUFFOLK

APPLICANT AFFIDAVIT

_____ being duly sworn deposes and says:
prospective employee, volunteer, student teacher or intern name

1. I am an applicant for a position as a _____ in the East Hampton Union Free School District. I make the following representations as a inducement to the district to consider my (please check the applicable box)
Employment Application
Volunteer
Student Teacher
Internship
2. I have been advised and understand that New York State law requires, as part of the application process for this position, that I receive clearance for employment from the New York State Education Department.
3. I have also been advised, and further understand, New York State law requires that, as part of the clearance process, and as a condition of my employment by the district, I be fingerprinted for the purposes of a criminal history check by authorized personnel of a designated fingerprinting entity.
4. I hereby represent to the East Hampton School District that I have already caused my consent form, fingerprint cards and requisite fee to be forwarded to the New York State Education Department as part of the clearance process.
5. I hereby further represent to the East Hampton School District that (check one or more)
The criminal history check will reveal that I have no criminal history;
The criminal history check will indicate that I have been convicted of a crime;
The criminal history check will indicate that I have a pending criminal charge.
6. If any of my answers to number (5) are in the affirmative, I hereby provide the following details explaining my answers (include, at a minimum, the date(s) of your conviction(s) and /or charges(s); for what crime(s) you were convicted or charged; the jurisdiction(s) by which you were convicted or charged; and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regard to the conviction(s).

7. I further understand that my completion and submission of this Affidavit is just one part of the employment application process. I further understand that even if the results of my fingerprint check confirm my representations contained in this Affidavit, the district has no obligation to employ me. Finally, I certify that my statements in this Affidavit and in any explanatory enclosures, are, to the best of my knowledge and belief, true and correct; and that any omission and/or misstatement of any material fact(s) may be cause for the district to (a) refuse to hire me; (b) revoke an offer of conditional employment; and/or (c) terminate me if I have been hired.

Print name of applicant Date

Notarized signature of applicant

Sworn to before me this _____ day of _____ 20____

Notary Public