UNION SPRINGS CENTRAL SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE OR SEX.

		PERSONAL	DATA				
Last Name	First Name		Middle Initial		Date		
Present Address:	Street and Number				Area Code		
	City	State		Zip	Alea Ooue		
IN CASE OF	Name				— т	- elephone	
	ddress				_		
NOTIFY: City State Zip Code HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT TRAFFIC VIOLATIONS)? Yes No If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.							
Do you have a drivers license? Yes No							
Type State Expires							
EDUCATION							
List all schools Attended	Name and address of School	From Mo/Yr	To Mo/Yr			Degree /Diploma Type	
High School							
College or University							
Business or Technical							
OTHER							
WORK INTEREST							
Position Applied For:	Location Preferred:	Minimum S	alary	Type of Employment Desired: Full TimeSubstitute			
Are you willing to work	s rotating shifts including nights a	and weekends?					
Briefly state reasons f	or interest in employment with U	nion Springs Centra	al Schools:				

EMPLOYMENT HISTORY

List all previous work experience including military service record and periods of unemployment. **Begin with present position and work back to your first position.** Attach resume, if necessary. If there were periods of more than one month where you were self-employed, list name and address of person(s) who can verify your activities during this period(s).

From Mo/Yr	To Mo/Yr	Employer Address /Telephone Number	Salary	Job Title and Description of Work	Reason for leaving

SPECIAL SKILLS

All applicants who have experience in the following skills should complete this section.

OFFICE: Typing	W.P.M.	Shorthand	W.P.M.
COMPUTERS: Hardware _		Software	-
MECHANIC:	Months Experience	Type of Equipment	Licenses Held
Line Maintenance			
Electronics			
Automotive			
Machine Shop			
Heating / Cooling			

REFERENCES

Name	Address	Phone
1.		
2.		
3.		

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Union Springs Central School (herein called the district) to verify such information and to contact any reference given by me. Should I be employed by the district, I agree that:

- 1. My employment shall be in accordance with the terms of (A) this application (B) district rules and regulations and any amendments thereto and (C) any applicable labor agreement. The district shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.
- 2. My employment may be terminated by the district at any time without advance notice consistant with fair labor practices and contractual obligations. Its only obligation being to pay wages or salary earned by me to date of termination. Without limitation, failure to abide by rules and regulations, failure to pass any district physical examination and the falsification of any information given by me in this application will entitle the district to terminate my employment.
- 3. I will submit to medical examination(s) by a physician appointed by the district at such time(s) as it may request, and will submit to such examination before making any claim against the district for injuries suffered in connection with my employment.
- 4. I agree that employment may be contingent upon my meeting all placement considerations, including medical requirements.
- 5. The district, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, any picture or photograph of me.
- 6. If any injury to me or death in connection with my employment shall be subject to workmen's compensation laws. I waive for myself, my heirs and representative, all actions at law against the district for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death.
- 7. The district shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record with the district, including the information contained in this application.
- 8. I agree not to disclose any of the district's confidential or restricted information and not to make use of such confidential or restricted information in any fashion during employment or after my employment with the district is terminated.

Date	19	SIGNATURE OF APPLICANT (IN INK)				
	Return application to:					
	FOR	PERSONNEL USE ONLY				
		Date				