APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The school district does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1072, or section 504 of the Rehabilitation Act of 1973

TIOGA CENTRAL SCHOOL

3 Fifth Ave PO Box 241
Tioga Center, NY 13845

DATE:

POSITION APPLIED FOR:

PERSONAL INFORMATION

NAME:	
STREET:	HOME PHONE:
CITY:	WORK PHONE:
STATE: ZIP:	SOCIAL SECURITY #:

EDUCATION

	NAME AND ADDRESS	FROM	TO	DEGREE/MAJOR/GPA	DATE GRAD.
HIGH SCH:					
COLLEGE:					
OTHER:					

EMPLOYMENT (List current or most recent)

EMPLOYER:	PHONE:		FROM:	TO:
SUPERVISOR'S NAME:	YOUR JOB TITLE:			
	BRIEFLY LIST DUTIES:			
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER?	YES		NO	
REASON FOR LEAVING:				

EMPLOYER:	PHONE:		FROM:	TO:
SUPERVISOR'S NAME:	YOUR JOB TITLE:			
	BRIEFLY LIST DUTIES:			
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER?	YES		NO	
REASON FOR LEAVING:				

EMPLOYER:	PHONE:		FROM:	TO:
SUPERVISOR'S NAME:	YOUR JOB TITLE:			
	BRIEFLY LIST DUTIES:			
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER?	YES		NO	
REASON FOR LEAVING:				

MILITARY

BRANCH	RANK	DUTIES	SALARY	REASON FOR CHANGE IN RANK

LIST SPECIAL SCHOOLING AND SKILLS ACQUIRED DURING MILITARY SERVICE:

DATE OF LAST PHYSICAL:

DOCTOR'S NAME: TELEPHONE:

ANY LIMITATIONS, DISABILITIES, ALLERGIES:

ADDITIONAL DATA

SCHEDULE DESIRED:	FULL TIME		PART TIME		SUBSTITUTE	

LIST ANY DAYS/HOURS YOU ARE NOT ABLE TO WORK:

RATE OF PAY DESIRED:

HOW DID YOU HEAR ABOUT THIS JOB?

HAVE YOU WORKED HERE BEFORE: YES NO

IF YES, HOW LONG? PREVIOUS POSITION:

REASON FOR LEAVING:

LIST ANY FRIENDS OR RELATIVES WORKING WITH US NOW.

PERSONAL REFERENCES (only list persons we may contact)

NAME	ADDRESS	RELATIONSHIP	PHONE #

APPLICANT: READ AND SIGN BELOW

The information provided by me in this volunteer application is true and complete to the best of my knowledge. I understand that if I am approved to volunteer, any false statement will be considered as cause for possible dismissal. I understand that Tioga Central School District will be making an extensive inquiry regarding my background and experience and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the Tioga Central School District and will not be released to me unless required by federal or state statutes or regulations.

SIGNATURE: DATE:

DO NOT WRITE IN THIS SECTION:

RECOMMENDED BY	DATE	COMMENTS