

# Minerva Central School

Timothy F. Farrell, Superintendent  
Heidi H. Kelly – Principal  
Nancy A. O'Brien – Business Manager



(PLEASE PRINT)

Position Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number			

If you are less than 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date

Have you ever been employed with us before?  Yes  No

If Yes, give date

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment  Yes  No

On what date would you be available to work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  
Conviction will not necessarily disqualify an applicant from employment.  Yes  No

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name / Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List profession, trade, business or civic activities and offices held:

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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## References

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States Military?  Yes  No

If Yes, please describe \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate / Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate / Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate / Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate / Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Please list all current forms of certifications that you now hold.

<u>Certification Area</u>	<u>Date Conferred</u>	<u>Date Expired (if applicable)</u>	<u>State</u>

- I certify that the answers and information given herein are true and complete to the best of my knowledge.
- I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed June 30<sup>th</sup> of the school year of which employment was intended.
- In the event of employment, I understand that false or misleading information given in my application or during the interview process may result in discharge. I understand also, that I am required to keep valid all certifications or licenses associated with my position and that I shall abide by the rules, regulations and policies of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Minerva Central School District does not discriminate on the basis of age, color, creed, disability, marital status, veteran status, family status, national origin, race or gender in the educational and/or operational programs and activities which it operates. This policy is in compliance with Title IX of the Educational Amendments of 1972, and all applicable Federal and State Laws and Regulations.

Inquiries concerning this policy may be referred to the Minerva Central School District, c/o Affirmative Actions Officer, P.O. Box 39, Olmstedville, New York 12857.

The Minerva Central School District is an equal opportunity educator and employer.