

# APPLICATION FOR SCHOOL NON-TEACHING EMPLOYMENT

## Schuyler County Civil Service

105 Ninth St., Unit 21, Watkins Glen, NY 14891  
(607) 535-8190 website www.schuylercounty.us



Use this application to apply for non-competitive Civil Service positions. Return application to Civil Service Office.

**Positions applying for--check all those below that apply or write other title here:** \_\_\_\_\_

**Positions with no education or experience requirements:**  School Monitor  Food Service Helper

**Positions requiring high school or equivalency:**  Teacher Aide  Cleaner  Clerical Sub

Lifeguard (submit copies of current certification cards for Lifeguard, CPR, and Waterfront)

Fitness Center Monitor for WGCSD (min. age 16, submit copies of current certification card for CPR/AED)

Fitness Center Aide for OMCSO (min. age 18, submit copies of current certification card for CPR/AED and First Aid)

Bus Driver (requires 2 years driving experience, minimum age 21, and Class B license with passenger endorsement)

Schools:  WGCSD  OMCSO  Willing to substitute

Have you been fingerprinted through the NYS Education Department?  Yes  No If yes, when? \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Indicate any other names by which you have been known \_\_\_\_\_

Birth Date (complete only if you are under the age of 18 or applying for bus driver): \_\_\_\_\_

<b>Residence:</b> Fill in the names of the city or village, town, county, and school district of which you are <b>currently a legal resident</b> . Show how long you have continuously lived in each immediately preceding the date of this application.		Name	Years	Months
	City or Village			
	Town			
	County			
	School District			

Indicate your answer by placing an "X" in the appropriate space:

- |   |        |     |   |
|---|--------|-----|---|
|   | Yes    | No  | * <b>If you answer "Yes" to D, E, F or G</b> , please give a full explanation on the bottom of this page under "Remarks" including date and outcome. A "yes" answer to these questions will not necessarily disqualify you. Each case is evaluated in relation to the position applied for. |
| A. Are you legally able to accept employment in the US?   | A. ___ | ___ |   |
| B. Are you an exempt volunteer firefighter?   | B. ___ | ___ |   |
| C. Are you an honorably discharged veteran?   | C. ___ | ___ |   |
| D. Were you ever dismissed from any employment for reasons other than lack of work?*                                | D. ___ | ___ |   |
| E. Have you ever resigned from employment rather than face discharge?*  | E. ___ | ___ |   |
| F. Have you ever been convicted of any crime (felony or misdemeanor)? You may omit traffic and parking violations.* | F. ___ | ___ |   |
| G. Are you now under charges for any crime?*  | G. ___ | ___ |   |

### Education:

Type of School	Name & Address of School	Did You Graduate?	No. of Credits Received	Major Subject or Type of Course	Type of Degree Received
High School or GED			-----		
College/ Coursework					

### Remarks:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PERSONAL REFERENCES: People who know you well (not relatives or former employers).**

Name	Occupation	Phone Number	Address

**EXPERIENCE:** List your current or last job first and then any jobs that are relevant to the job for which you have applied.  
Do you have any objections to our contacting your current or former employers? \_\_\_ No \_\_\_ Yes If yes, please explain.

Length of Employment	Firm Name	Address	
Date From:			
Date To:	Type of Business	Phone Number	Name of Your Supervisor
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT / PT or On-Call / Substitute			

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Date From:			
Date To:	Type of Business	Phone Number	Name of Your Supervisor
Your Title	Duties		
Number of Hours Worked Per Week:			
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Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT / PT or On-Call / Substitute			

**AFFIRMATION AND RELEASE:** I affirm that the statements made on this application are true under the penalties of perjury and that a material misstatement or fraud may disqualify me from appointment. I authorize the Personnel Officer of Schuyler County or his/her representatives to obtain from all persons, schools, companies, corporations, Department of Motor Vehicles, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. When required, I agree to take all physical examinations, drug screen testing, and finger imaging for background checks and authorize the release of these confidential examinations and test results to Schuyler County Civil Service and its representatives.

Signature \_\_\_\_\_ Date \_\_\_\_\_