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|  | | **Carmel Central School District** | | | | | | | | | | | | | | |
| A P P L I C A T I O N | | | | | | | | | | | | | | |
| ***for*** **EMPLOYMENT**  **Non Teaching, Non Competitive Positions** | | | | | | | | | | | | | | |
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|  | **POSITION TITLE** | | | | |  | | **POSTING or JOB APPLICATION?** | | | | | | |  | |
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| **answer *all* questions** completely & carefully. use ink or type. Attach additional sheets if needed.  return completed application to:  Carmel Central School District, 81 South St., P.O. Box 296, Patterson, NY 12563 | | | | | | | | | | | | | | | | |
| **1.** **Name and Legal Residence** ~ *PLEASE NOTIFY CARMEL SCHOOLS PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES* | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | |  | | | |
| LAST NAME | | | | FIRST NAME | | | | | | M.I. | | | SOCIAL SECURITY NUMBER | | | |
|  | | | | |  | | | | |  | |  | |  | | |
| STREET ADDRESS (P.O. BOX *NOT ACCEPTABLE*) | | | | | CITY | | | | | STATE | | ZIP CODE | | COUNTY | | |
| **2. Mailing Address (if different from Legal Residence)** | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | |  | | | |
| STREET ADDRESS (P.O. BOX *ACCEPTABLE*) | | | | CITY | | | | | | | STATE | | ZIP CODE | | | |
| **3.** **Telephone, E-Mail, and Other Residence Information (please indicate landline(L) or cell phone(C) number)** | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | |
| PRIMARY TELEPHONE (AREA CODE & NUMBER) | | | SECONDARY TELEPHONE (AREA CODE & NUMBER) | | | | | | E-MAIL ADDRESS | | | | | | | |
|  | | | | | | |  | | | | | | | | | |
| TOWN OF RESIDENCE | | | | | | | SCHOOL DISTRICT | | | | | | | | | |
| **4. Employment Eligibility:** 🞍 Do you have the legal right to accept employment in the United States?  Yes  No | | | | | | | | | | | | | | | | |
| 🞍 Are you under 18 years of age?  Yes  No ***Proof of employment eligibility will be required upon Employment.*** | | | | | | | | | | | | | | | | |
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| 5. Check the appropriate box to the right of each question:  A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes  No  B. Have you ever resigned from any employment rather than face dismissal? Yes  No  C. Have you ever been convicted of any crime (felony or misdemeanor)? Yes  No  D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes  No  E. Are there any arrests or criminal accusations currently pending against you? Yes  No | | | | | | | | | | | | | | | | |
| If you answered “YES” to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8½” x 11” sheets if needed. | | | | | | | | | | | | | | | | |
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| ***None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits***  ***in relation to the duties and responsibilities of the position(s) for which application is being made.*** | | | | | | | | | | | | | | | |

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| ***CARMEL CENTRAL SCHOOL DISTRICT PERSONNEL OFFICE***  ***81 South St. · P.O. Box 296 · Patterson, NY 12563***  ***TEL 845 878-2094 · FAX 845 878-4337***  [*www.carmelschools.org.com*](http://www.carmelschools.org.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Education: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞍 *High School:* Have you graduated from high school? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, name & location of high school: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| If High School Equivalency Diploma: | | | | | | | | | | | Issuing Governmental Authority: | | | | | |  | | | | | | | | No. | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞍 *Post High School Education:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name & Location of School | | | | | | | | | | | | | | Type of Course or Major Subject | | | | | | | | No. of College Credits Rec’d | | | Did You Graduate? | | **Type of**  **Degree Rec’d** | |
| College, University, Professional or Technical School | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | |  | |
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| Other School or Special Courses | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | |  | |
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| *Partially Completed Course of Study:*  *If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.* | | | | | | | | | | | | | | *Indicating Specific Coursework:*  *If the Examination or Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.* | | | | | | *Transcripts:*  *DO NOT send a transcript unless required for the Position for which you are applying. Required degrees and/or coursework will be verified.* | | | | | | | | | | |
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| 7. Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are  applying, please provide the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name of Trade or Profession:*** | | | | | | | |  | | | | | | | | | | | | | | ***License No.*** | | |  | | | | | |
| ***Dates of Validation: From*** | | | | | | |  | | ***To*** | |  | | | ***Licensing Agency*** | |  | | | | | | | | ***City/State*** | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New York State? Yes  No | | | | | | | | | | ***License No.*** | | | | |  | | | | | | ***Class*** | |  | | ***Date of Expiration*** | | |  | | |
| Special License Endorsements: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **9. Contacting Employers:** For reference purposes, may we contact your present employer? Yes No Past employers? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please explain: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Performance Tests: If you have taken & passed any Putnam County Performance Test(s), indicate approximate dates below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPING DATA ENTRY STENO LANGUAGE ORAL OTHER (Describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***MO / YR*** | | | | ***MO / YR*** | | | | | | | | | ***MO / YR*** | | | | | ***LANGUAGE MO / YR*** | | | | | | | ***MO / YR*** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***It is the responsibility of the applicant to provide documentation of successful completion of performance tests.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** **Employment Experience:** *Read The Following Instructions Before Completing This Section:*  🞍 *Order:* List *most recent* employment first.  🞍 *What to List:* Any and all employment pertinent to the position or examination for which you are applying.   * *Professional Experience:* Indicate whether or not professional experience occurred *after* your professional degree or coursework.   🞍 *Volunteer/Unpaid Work:* List *volunteer or unpaid experience* only if noted as qualifying experience for the position or job posting.  Describe volunteer/unpaid work the same way as paid work, and write “unpaid” in “Earnings.”  🞍 *Military Experience:* If you have had *military service that included experience pertinent to the position*, list that experience.  🞍 *Changes in Status:* If your title or duties changed significantly during your service in any one organization, list such changed status separately.   * *Duties:* In the “Duties” section, describe the nature of work personally performed by you; estimate percentage of time spent on each type of work * *Supervisory Experience:* For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.   You are responsible for submitting an *accurate*, *adequate,* *clear* description of your experience  Omissions or vagueness will NOT be interpreted in your favor ~ If more space is needed, you may attach 8½” x 11” sheet(s) of paper | | | |
| LENGTH OF EMPLOYMENT  FROM (MM/YY)       TO | FIRM NAME | ADDRESS | CITY, STATE | |
| TYPE OF BUSINESS | DUTIES: | | | |
| YOUR EXACT TITLE |  | | | |
| SUPERVISOR’S NAME |  | | | |
| SUPERVISOR’S TITLE |  | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) |  | | | |
| REASON FOR LEAVING |  | | | |
| LENGTH OF EMPLOYMENT  FROM (MM/YY)       TO | FIRM NAME | ADDRESS | CITY, STATE | |
| TYPE OF BUSINESS | DUTIES: | | | |
| YOUR EXACT TITLE |  | | | |
| SUPERVISOR’S NAME |  | | | |
| SUPERVISOR’S TITLE |  | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) |  | | | |
| REASON FOR LEAVING |  | | | |
| LENGTH OF EMPLOYMENT  FROM (MM/YY)       TO | FIRM NAME | ADDRESS | CITY, STATE | |
| TYPE OF BUSINESS | DUTIES: | | | |
| YOUR EXACT TITLE |  | | | |
| SUPERVISOR’S NAME |  | | | |
| SUPERVISOR’S TITLE |  | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) |  | | | |
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| LENGTH OF EMPLOYMENT  FROM (MM/YY)       TO | FIRM NAME | ADDRESS | CITY, STATE | |
| TYPE OF BUSINESS | DUTIES: | | | |
| YOUR EXACT TITLE |  | | | |
| SUPERVISOR’S NAME |  | | | |
| SUPERVISOR’S TITLE |  | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) |  | | | |
| REASON FOR LEAVING |  | | | |

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½” x 11” sheet(s).

IMPORTANT APPLICANT INFORMATION

DRUG & ALCOHOL TESTING: In accordance with Putnam County’s comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urinalysis, breath and/or blood tests to be considered for Carmel Central School District employment.

FINGERPRINTING: As of January 1, 2019, all prospective employees of Putnam County will be required to undergo a digital fingerprint background check at a cost of approximately $100 to be borne by applicant.

EQUAL OPPORTUNITY: In compliance with the New York State Human Rights Law, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record in connection with employment. Carmel Central School District is an Equal Opportunity – Affirmative Action employer.

**YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT READ AND SIGN BELOW**

AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By my signature below, I hereby authorize the Carmel Central School District Personnel Department to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Carmel Central School District Personnel Department and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this “Affirmation and Authorization for Release of Personal Information.”

Signature of Applicant Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

PERJURY STATEMENT: *APPLICANTS−PLEASE BE ADVISED:*

Any and all statements made by the applicant in connection with Application for Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law,

IT IS A CRIME PUNISHABLE AS A CLASS “A” MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

April 2019