

Green Island Union Free School District

Green Island Union Free School District is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:	
Home Phone:	Work Phone:	Other Phone:

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

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Are you able to perform the essential functions of the position for which you are applying? _____ YES _____ NO

Have you ever been dismissed from employment or refused re-employment for cause? _____ YES _____ NO

If yes, please explain _____

Have you ever been convicted of a criminal offense (i.e., a felony or misdemeanor, other than a traffic infraction)? _____ YES _____ NO

If yes, please state the charge, place and approximate date and penalty (if applicable).

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WORK EXPERIENCE

Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. **PLEASE NOTE:** Green Island Union Free School District reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Starting Salary: _____		Organization Name and Address: _____	
Final Salary: _____			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Starting Salary: _____		Organization Name and Address: _____	
Final Salary: _____			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Starting Salary: _____		Organization Name and Address: _____	
Final Salary: _____			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.
I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Green Island Union Free School District to investigate, without liability, all statements contained in this application and on supporting documentation.

Applicant's Signature: _____ Date: _____