

COPIAGUE PUBLIC SCHOOLS

2650 GREAT NECK ROAD

COPIAGUE, NEW YORK

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Date of Application_____

I. PERSONAL DATA (Please type or print)

Name_____

(Last)

(First)

(Middle)

Address_____

(Number)

(Street)

(City)

(State)

(Zip Code)

Telephone (_____) _____ Social Security No. _____

Area Code

II. POSITION DESIRED - Number in order of preference

____ Secretarial/Clerical

____ Custodial

____ Food Service Worker

____ Monitor (Cafeteria Aide)

____ Security

____ Other - Specify _____

III. GENERAL INFORMATION

A. On what date would you be available for work? _____

B. Are you available to work _____ Full Time _____ Part-time _____ Substitute Work
_____ Day Shift _____ Night Shift

C. Have you taken a Suffolk County Civil Service Exam?
Please state title of exam, date taken and grade _____

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

E. Are you a veteran of the U.S. Military Service? Yes _____ No _____
If yes, Branch _____
Military Occupation _____ Dates of Service _____
Location of Service _____
Type of Discharge _____ (if less than honorable please explain)

F. Have you filed an application with this District before? Yes _____ No _____
If yes, give date _____

G. Have you ever been previously employed by this District? Yes _____ No _____
If yes, give date _____

H. Do you have any relatives employed by the Copiague School District?
Yes _____ No _____ Who: _____ Where: _____

I. Have you ever been convicted of a crime?
If yes, explain. _____

J. Have you ever been dismissed or requested to resign from any position?
If yes, explain. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, Include military service assignments and volunteer activities

INCLUSIVE DATES	TYPE OF WORK	SALARY	NAME & ADDRESS & PHONE# OF EMPLOYER & SUPERVISOR

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

School	Name and Location	Course of Study	No. of Years	Did You Graduate Completed	Degree/ Diploma
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College				Yes ____ No ____	
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High				Yes ____ No ____	
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Elementary				Yes ____ No ____	
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Other				Yes ____ No ____	
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Please list below the names, titles and addresses of at least three (3) persons who know of your work.

Name	Position	Institution	Street	City	State	Zip Code	Phone #
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READ CAREFULLY BEFORE SIGNING:

At the time this form was prepared, it was in full compliance with our understanding of all applicable regulations.

I hereby certify that the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree: 1. If any information is omitted from or not filled in on this application, or if any false information is furnished, then the district will reject my application: 2. if any false information is furnished, then I will be ineligible for any future consideration for employment and may be subject to criminal prosecution; and 3. if I am employed by the district, I then may be dismissed from employment, criminally prosecuted, and, if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I understand that in order for the school district to determine my eligibility, qualifications and suitability for employment, the school district will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer(s) and educational institution(s) I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation. I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this school district to complete its background investigation.

Signature of Applicant_____ Date _____

Please mail completed applications to the attention of:
Personnel Office
Copiague Public Schools
2650 Great Neck Road
Copiague, New York 11726