

Depew Union Free School District 5201 S. Transit Road Depew, NY 14043

		Λ	licent	Information			سيري
		-App	nice(III	Information			
Full Name:	Last First			M.I.	Date:		
	Last	rırst	i	IVI.1.			
Address:	Street Address				Apartme	nt/Unit #	<u> </u>
	City			State	ZIP Code		
Phone:				Email			
Position App	olied for: Please check all that a	apply					
	/ Monitor			Library Aide Food Service Helper			
Cafeteria Monitor							
	om Aide/Monitor			Laborer Assigned to Hou	sekeeping		
Other, p	please specify:			Laborer/Ground			
Shifts Applie	ed for: Please check all that a	ıpply					
Full-time	e, 1 st shift			Substitute, Call in 1st shift	t		
Part-tim	ne, 1 st shift			Substitute, Call in 2 nd shift			
	e, 2nd shift ne, 2nd shift			,			
	ever taken a Civil Service exar	ninatio	n, give	the title:			
Effective Jul	ly 1, 2001, the Schools Against \	/iolence	ın Edu	cation (SAVE) Legislation requ	ires the Commis	sioner	of
Education a	nd the New York State Education	n Depai	rtment (NYSED) to request a fingerprin	nt supported crim	inal hi	story
	check for prospective employee DCES). School Bus Drivers and I						
to Article 19	A of the NYS Dept. of Motor Veh ed for fingerprinting.						
cosis ilicult	au ioi iiiigarpiiiidiig.					YES.	NO
Have you re	ceived fingerprint clearance with	the Ne	w York	State Education Department?			
Are you a cit	tizen of the United States?	YES	NO	If no, are you authorized to w	vork in the 1192	YES	NO
Ale you a cit	uzen of the Offited States?			n no, are you authorized to w	vork iii lile U.S.?		
Have you ev	ver worked for this company?	YES		If yes, when?			
		YES	NO				
Have you ev	ver been convicted of a felony?						
If yes, explai	in:						

		Educ	ation			
High School:		Address:				
From:	To:	Did you graduate?	YES	NO	Diploma:	
College:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree:	
Other:		Address:				
From:	To:	Did you graduate?	YES	МО	Degree:	·
		Refere	ences			
Please list thre	ee professional refere	ences.				
Full Name: _					Relationship:	
Company: _					Phone:	
Address:					Addition of the second of the	
Full Name:					Relationship:	
Company:					Phone:	
Address:						
Full Name:					Relationship:	
0						
Address:						
		Previous Er	nployi	ment		
Company:					Phone:	
Address:					Supervisor:	
Job Title:		Responsibi	ilities:			
From:	To:		Reaso	n for Le	aving:	
•	t your previous superv	isor for a reference?	YES		10 	
Address:					Supervisor:	
Job Title:		Responsibi	ilities:	-		
	To:	Rea				
May we contac	t your previous superv	risor for a reference? 2	YES	_	10 	

Company:	Phone:						
Address:		0					
Job Title;		Responsibilities:					
From:	To:	Reason for Leaving:					
May we contact your p	revious supervisor for a ref	YES NO ference?					
		Military Service					
Branch:		From: To:					
Rank at Discharge:		Type of Discharge:					
If other than honorable	, explain:						
	Disc	claimer and Signature					
Please read the folio Free School District		ey constitute conditions for employment with the Depew U	nion				
knowledge. I understa or during the interview	and that any falsification, i process, regardless of w	ided on this application is accurate, and true to the best of my misrepresentation, or omission of my information on this applic what such misrepresentation or omission is discovered, may re- constitute grounds for immediate termination.					
authorized by me to verequested by it to arrive with the same authorite employers and other of whether in writing or of the same authorized.	erify the information I have at an employment decivery as the original. I hereby organizations from any liabrally and further waive are nation or the use, publication	yers, and other organizations named in this application are ye provided and to provide the District with information that may ision. I agree that a photocopy of this authorization be accepted y waive and release all persons, schools, current and prior ability arising from the disclosure of any of the above information and release the District from any liability arising from reliance on thion or retention of such information within the context of its	d n				
	es of the District and that	District, I understand that I am required to abide by all rules, the policies and procedures relating to conditions of employm	ent				
accept employment w		ated to provide employment and that I am in no way obligated to this application or in other policies and procedures are intender implied.					
Signature:		Date:					