

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT**  
**124 GRAND STREET**  
**NEWBURGH, NEW YORK 12550**  
*\*An Equal Opportunity Employer\**

HUMAN RESOURCE OFFICE

TEL. (845) 563-3460

**APPLICATION FOR EMPLOYMENT**

The Newburgh City School District operates all programs in compliance with Federal law which prohibits discrimination because of race, color, religion, sex, age, national origin or handicap.

COMPLETE IN FULL OR APPLICATION WILL NOT BE RETAINED

DATE \_\_\_\_\_

**NAME**

(Last Name First) Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.

**ADDRESS**

STREET CITY STATE ZIP  
 PHONE NUMBER SOCIAL SECURITY NUMBER CITIZEN U.S.A

DO YOU HAVE A DRIVER LICENSE? DO YOU HAVE TRANSPORTATION?

**EMPLOYMENT DESIRED**

Position(s) applied for Rate of pay expected \$ per week

Would you work Full-Time Part-Time Specify days and hours if part-time

Were you previously employed by us? If yes, when?

If your application is considered favorably, on what date will you be available for work?

**RECORD OF EDUCATION**

School	Name and Address of School	Check Last Year Completed (circle one)				Did You Graduate? (circle one)	
		5	6	7	8	YES	NO
Elementary							
High							
GED	Date Received:						
College List Degree and Major							

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes No If yes, what Branch?

Dates of duty From To Rank at discharge Type of Separation  
 Month/Day/Year Month/Day/Year

List below your last three employers, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					

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Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by no, which one(s) you do not wish us to contact.

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

\* All Three Questions Below Must Be Answered (Circle Answer)

Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations?      yes      no  
 Are any criminal charges or proceedings pending against you?      yes      no  
 Can we request under Public Law 91 - 508 a copy of criminal records?      yes      no

**PHYSICAL RECORD**

Explain any existing physical or mental condition which would adversely affect your ability to substantially perform

the duties of this position you seek. (Answer is Optional) \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Applications are retained in the District's active file for one year. At the end of one year they are destroyed, unless up-dated by calling the Human Resources Office.

GENERAL REMARKS \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE

INTERVIEWER \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICANT AUTHORIZATION  
FOR  
RELEASE OF INFORMATION**

**In connection with my application for employment with the Newburgh City School District, I authorize my present and former employers and any educational, Professional, or licensing agency to respond to a request from:**

**Newburgh Enlarged City School District  
124 Grand Street  
Newburgh, New York 12550**

**For verification of statements I have made on the job application form regarding my qualifications and employment history.**

\_\_\_\_\_  
**Applicant Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Other name(s) by which you have been known:**

\_\_\_\_\_