SENECA FALLS CENTRAL SCHOOL P.O. BOX 268 SENECA FALLS, NEW YORK 13148 SUBSTITUTE SUPPORT STAFF APPLICATION

It is important that the application is filled out completely. Failure to complete the application will result in the application being rejected. Note: Substitute support staff applicants must complete a Seneca County Civil Service Application. Civil Service applications may be obtained at the Seneca County Personnel Office, 1 DiPronio Drive, Waterloo, NY or on the Seneca County website (www.co.seneca.ny.us). The district will contact the Seneca County Personnel Office to obtain an applicant's civil service application if necessary.

Additionally, New York State Education Law requires that all employees, including substitutes, of school districts be fingerprinted prior to employment.

After your application and references have been received, you may be considered for substitute employment. Submission of an application **does not** automatically place you on our substitute list.

Thank you for your interest in serving the children of the Seneca Falls Central School District. If you have any questions regarding the application, please call the district office (315) 568-5818.

School Bus Driver School Bus Monitor School Bus Monitor Food Service Helper Cashier/FSH School Monitor Teacher Aide Sr. Typist/Typist Mechanic	
FULL NAME	
ADDRESS Street City State Zip	
E-mail:	
Social Security # Are you presently employed? Yes No	
If yes, please indicate employer:	
Present Salary if Employed: \$ Annually Bi-weekly Weekly Hourly	
EDUCATIONAL AND PROFESSIONAL TRAINING: Please include name and address of the institution, the dates attended and any degree or diploma received.	
High School:	
Jr. College:	
College:	
Special:	

Are you a member of N.Y.S. Employees' Retirement	System?	Yes	No	
If yes, please indicate membership number:				
Work Experience: (Please use separate sheet if neede	ed)			
Current or Last Employer:				
Address:				
Position & Duties:				
Reason for Leaving:				
Supervisor & Contact Information:				
Current or Last Employer:				
Address:				
Position & Duties:				
Reason for Leaving:				
Supervisor & Contact Information:				
Current or Last Employer:				
Address:				
Position & Duties:				
Reason for Leaving:				
Supervisor & Contact Information:				
<u>Three Personal References</u> : References <u>should not</u> be related to you either by blood or marriage. <u>Please note</u> : We need complete information including names, addresses (including street numbers and/or post office box numbers), zip codes and phones numbers. Failure to provide requested information will result in the application being rejected.				
Name:	Name:			
Address:	Addres			
Phone Number:		Phone Number:	. [
Name:				
Address:				
Phone Number:				

The District reserves the right to contact any prior employers and/or the personal references listed.

I hereby certify that the facts on this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered grounds for dismissal. I have no objections to necessary inquiry regarding my character and qualifications.					
Date		Signature			
Employment discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by Law. Positions of employment are subject to all applicable Laws, Regulations of the Commissioner of Education, Civil Service Regulations, Board of Education Resolutions/Policies, Administrative Regulations, and Contracts of Agreements.					
District Office Use Only:	(date)	Approved Civil Service Application Received			
	(date)	Board of Education Approved			
	(date)	Effective Date			
	(date)	Fingerprint Clearance			

08/13/2015