



NORTH BELLMORE UNION FREE SCHOOL DISTRICT

2616 MARTIN AVENUE, BELLMORE, NEW YORK 11710

EMPLOYMENT APPLICATION

Prospective employees will be considered without discrimination because of race, creed, color, age, national origin, sex or disability

Name: _____	Social Sec #: _____
Address: _____	Telephone: _____
_____	Cell: _____
To receive confirmation or status of your application provide an email address : _____	

EMPLOYMENT DESIRED:

Position Desired: _____

Are you available for full-time work? Yes No If not, what hours are you available to work? _____

When will you be available to begin? _____

Other Special Training or Skills (machines, computers, languages, etc.) _____

EDUCATION:

College: _____	Major: _____	Did you Graduate? _____
High School: _____	Course of Study: _____	Did you Graduate? _____
Post Graduate: _____		
Other: _____		
References: _____		

CERTIFICATION & LICENSING:

NY State Certifications/Licenses	Certification/Licenses #	Date received	Date Expired	Permanent or Provisional

Suspension/Revocation: Yes No If Yes, please explain: _____

BACKGROUND INFORMATION:

Are you either a U.S. citizen or an alien who has the legal right to work in the job for which you are applying? (Proof of citizenship or immigration status will be required within 72 hours of employment)

Yes No

Do you have any pending criminal charges in any jurisdiction?

Yes No If Yes, please describe the nature of all crimes, date, jurisdiction and status.

Have you ever been convicted of a misdemeanor, felony, or violation in any jurisdiction, which has not been expunged or sealed by a court?

Yes No If Yes, when (Please include all dates for multiple convictions)

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of all crime(s), outcome of the incident(s), and your subsequent rehabilitation.

-Continue on reverse side of page-

DRIVERS LICENSE:

FOR POSITIONS THAT REQUIRE DRIVING:	Do you have a valid NYS Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Licensed in:	Drivers License No.	Expiration Date:
Please indicate any traffic convictions related to moving violations, suspensions, revocations, DWI or Driving under the influence of drugs convictions, or any occurrence involving harm to any persons or property while driving.		

EMPLOYMENT: Please give accurate, complete full-time and part-time employment record. **Start with present or most recent employer:**

Company Name: _____	Telephone#: _____
Address: _____	
Dates of employment: From _____ to _____	Weekly Salary _____
Reason for leaving: _____	
Name of Supervisor: _____	e-mail: _____
Job Title and Description of your work: _____	

EMPLOYMENT: Please give accurate, complete full-time and part-time employment record.

Company Name: _____	Telephone#: _____
Address: _____	
Dates of employment: From _____ to _____	Weekly Salary _____
Reason for leaving: _____	
Name of Supervisor: _____	e-mail: _____
Job Title and Description of your work: _____	

EMPLOYMENT: Please give accurate, complete full-time and part-time employment record.

Company Name: _____	Telephone#: _____
Address: _____	
Dates of employment: From _____ to _____	Weekly Salary _____
Reason for leaving: _____	
Name of Supervisor: _____	e-mail: _____
Job Title and Description of your work: _____	

REFERENCES: Please provide three professional references (**NOT RELATED**)

Name and Occupation	# yrs acquainted	Complete Mailing Address	e-mail address/ fax#	Phone #

The information provided to North Bellmore UFSD in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, in addition to verification and evaluation of employment reference information, I _____ authorize you to do so. If a report is obtained you must provide, at my request, _____ the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.
(print first and last name above)

Date

Signature