

Jason Chevrier  
Superintendent  
518-732-2297



Shelley Palmer  
President  
Board of Education

**APPLICATION FOR EMPLOYMENT – NON-INSTRUCTIONAL STAFF**

[circle all that apply: FULL-TIME, PART-TIME, SUBSTITUTE]

[PLEASE PRINT]

Name \_\_\_\_\_

Address \_\_\_\_\_

Is your residence within the school district? YES \_\_\_\_\_

Telephone number \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_

Are you a United States war veteran? YES \_\_\_\_\_

Position(s) in which you wish to substitute \_\_\_\_\_

Employment desired at:

Castleton Elementary School \_\_\_\_\_

Maple Hill Middle School \_\_\_\_\_

Maple Hill High School \_\_\_\_\_

Maintenance Dept. \_\_\_\_\_

Transportation Dept. \_\_\_\_\_

District/Business Office \_\_\_\_\_

Available during the hours of \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

**REFERENCES:**

**Please list the name(s) and complete mailing addresses (including zip code) and phone numbers of at least three persons not related to you by blood or marriage, who may be contacted by school officials for references as to your qualifications, character and reliability. One of the references must be your current or most recent employer.**

Name

Address

Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment or occupations you have had, with current or most recent position listed first:

Title of Position, Name of Firm, Supervisor's Name, Address, Phone No., Years of Service

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May we call for references? YES \_\_\_\_\_

Describe your typing/keyboarding ability \_\_\_\_\_

Computer experience – List software with which you are competent (e.g. Microsoft Word, Excel, Access, Word Perfect, Info-Matic, etc.) \_\_\_\_\_

Do you have experience signing for the deaf or hearing impaired? YES \_\_\_\_\_  
Current CPR or first aid course(s) \_\_\_\_\_

Experience working with children \_\_\_\_\_

For substitute nurses: Type of nursing license held \_\_\_\_\_

If applying for to be a driver substitute, are you 19-A certified? YES \_\_\_\_\_  
Do you hold a current commercial driver's license (CDL)? YES \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**INSTRUCTIONS:** This form should be completed and mailed to Schodack Central Schools District/Business Office, 1477 South Schodack Road, Castleton, NY 12033 (518-732-2297). References will be checked. A physical may be required prior to employment.

As of July 1, 2001, all districts are required to fingerprint and perform a background check through the Department of Criminal Justice and the FBI. Please indicate whether this has been completed previously. YES \_\_\_\_\_ NO \_\_\_\_\_  
(If no, you will be contacted regarding fingerprinting.)

*The Schodack Central School District offers employment without regard to sex, race, color, national origin or handicap. Pursuant to the Americans with Disabilities Act, the Schodack Central School District will provide reasonable accommodations to job applicants and employees who are qualified individuals with disabilities.*