

Florida Union Free School District
S.S. Seward Memorial Building
51 North Main Street
P.O. Drawer 757
Florida, New York 10921-0757

**SUPPORT STAFF
APPLICATION**

Date _____

Position Applying For _____

PERSONAL INFORMATION

Name _____
Last First Middle

Present Mailing Address _____ Tel. _____
(Include Zip Code) (Include Area Code)

Permanent Mailing Address _____ Tel. _____
(Include Zip Code) (Include Area Code)

Email: _____ Years at the above address _____

Social Security No. _____ Are you over the age of 18? Yes No

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes No If yes, what provisions would the district need to make? Explain.

Are you a U.S. citizen? Yes No If *no*, have you filed a declaration of intention to become a citizen? Yes No

Have you ever been convicted of a crime excluding minor traffic offenses? Yes No If yes, explain. _____

Are you an honorably discharged veteran? Yes No

Are you an exempt volunteer fireman? Yes No

WORK ABILITY

Type of Work: Full Time Part Time Substitute

Will you work daily overtime if necessary? Yes No Comment: _____

List any special skills you may have (typing, machine operation, etc.) _____

EDUCATION

Name and Location of School	No. of Years Attended	Did you Graduate?	Course of Study
Elementary School			
High School			
Vocational/Technical/Trade			
College			
Graduate School/Degree			
List any Honors or Special Activities as a Student			

SUPPLEMENTARY EDUCATION AND TRAINING

Title of Course (Day or Evening)	Where Taken	Yrs.	Mos.	Skills Learned
List any Licenses or Certificates You May Have				

U.S. MILITARY SERVICE

Have you had U.S. Military Service? Yes No If yes, which branch? _____

Active Reserve Date Entered _____ Date Discharged _____

Rank held at discharge _____ Type of Discharge _____

Any military experience applicable to employment desired? Please describe.

EMPLOYMENT HISTORY

List all former full time and part time employers beginning with the most recent. Use additional sheet if needed.

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date		Leaving Date		Reason for Leaving	May We Contact?
Month	Year	Month	Year		

Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

Description of your duties _____

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date		Leaving Date		Reason for Leaving	May We Contact?
Month	Year	Month	Year		

Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

Description of your duties _____

Name of Present or Last Employer _____ Type of Business _____

Address _____ Telephone No. _____

City _____ State _____

Starting Date		Leaving Date		Reason for Leaving	May We Contact?
Month	Year	Month	Year		

Your Job Title _____ Name of Supervisor _____ Supervisor's Title _____

Description of your duties _____

REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position/Relationship to You	Address & Telephone No.

APPLICANT'S STATEMENT

Give any additional information which you think might be of value in considering you for a position.

The facts set forth above in my application are true and complete, and I hereby authorize you to make any investigation necessary to verify the information provided in this application. I understand and agree that any false statement in this application shall be sufficient cause for rejection of this application or, if employed, sufficient cause for dismissal, subject to applicable provisions of law. Further, if employed, I understand and agree that my employment is for no fixed or definite period and that I may be terminated at any time for any or no reason, subject to the applicable provisions of law.

Applicant's Signature

Date

Please return completed application to:

Office of the Superintendent
S.S. Seward Memorial Building
51 North Main Street
P.O. Drawer 757
Florida, New York 10921-0757
(845) 651-3095