

**HUDSON CITY SCHOOL DISTRICT
215 HARRY HOWARD AVENUE
HUDSON, NEW YORK 12534**

Application for Employment (Non-Instructional)

Instructions: This application must be completed in full, even if you include a resume. Conditions of employment are stated at the end of this form. Please read carefully before you sign the application.

Hudson City School District will consider applicants for employment without regard to race, color, religion, age, sex (except where sex is a bona fide occupational qualification), sexual orientation, marital status, disability or veteran status.

Position Area Applied For: Elementary Middle School High School

Other: _____

Specific Position Applied For: _____

Personal Information			
First Name	Last Name	Middle Initial	Social Security Number
Present Address			Home Telephone Number
City	State	Zip Code	

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If No, you will be asked to provide authorization to work)

Have you been convicted of a crime or violation other than a minor traffic infraction within the last ten years? YES NO
(A conviction will not necessarily result in denial of employment)

Have you ever worked for the Hudson City School District before? YES NO

If yes, where? _____ When? _____

Do you have any relatives who work for the school district? YES NO

If yes, who and where to they work? _____

Are you available to work: Days Nights Weekends Full time Part time

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Note: Work schedules are based on the needs of the school district and may be subject to change.

Education

Do you have a High School diploma or GED? Yes No

	Name and location of School	No of Years Completed	Major/Minor	Diploma or Degree
College				
Graduate School				
Vocational or Trade School				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? If Yes, please describe:

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service that you would like considered in connection with your application for employment:

Employment History

Start with your present or most recent position (attach additional sheet if necessary).

Name of Employer	Telephone Number
Address	Supervisors Name and Title
City State Zip Code	Dates of employment From To
Position Held	Salary or rate of pay
Reason for leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Employer	Telephone Number
Address	Supervisors Name and Title
City State Zip Code	Dates of employment From To
Position Held	Salary or rate of pay
Reason for leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Employer	Telephone Number
Address	Supervisors Name and Title
City State Zip Code	Dates of employment From To
Position Held	Salary or rate of pay
Reason for leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

References

Please list three references *(Please ensure addresses are complete and accurate)*

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all the district's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either party. I further understand that no representation, whether oral or written by any representative or agent of the district, at any time, can constitute a contract of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me:

Applicants Signature: _____ Date: _____