



PLEASE USE BLACK INK ONLY

**AKRON CENTRAL SCHOOL
47 BLOOMINGDALE AVENUE
AKRON NEW YORK 14001
(716) 542-5020**

POSTING NUMBER _____

~ NON-INSTRUCTIONAL APPLICATION ~

NAME _____ DATE _____
LAST FIRST M.I.

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

POSITION APPLYING FOR: SECRETARIAL ____ TEACHER AIDE ____ FOOD SERVICE HELPER ____
CUSTODIAN ____ CLEANER ____ CLERK ____
COOK ____ BUS AIDE ____
OTHER _____

ARE YOU INTERESTED IN SUBSTITUTING IN ANY OF THE ABOVE AREAS? ____YES ____NO
IF YES, PLEASE LIST _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MINOR TRAFFIC OFFENSES?
____YES ____NO

ARE ANY CRIMINAL CHARGES OR PROCEEDINGS PENDING AGAINST YOU? ____YES ____NO
IF YES TO EITHER OR BOTH OF THE ABOVE PLEASE EXPLAIN _____

PLEASE NOTE THAT ALL ACS EMPLOYEES MUST RECEIVE FINGERPRINT CLEARANCE THROUGH THE NYS TEACH SYSTEM BEFORE BEGINNING EMPLOYMENT.

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	MAJOR MINOR	DID YOU GRADUAT	DIPLOMA DEGREE	DATE RECEIVED
HIGH SCHOOL						
COLLEGE						
OTHER						

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ____YES ____NO
DATE OF SERVICE _____

IF YES, PLEASE LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING _____

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FOR CLERICAL EMPLOYMENT

PLEASE CHECK THE PROGRAMS IN WHICH YOU ARE PROFICIENT:

___ MICROSOFT WORD ___ MICROSOFT EXCEL ___ MICROSOFT ACCESS ___ POWERPOINT
___ LOTUS ___ FILE MAKER PRO ___ OTHER SOFTWARE _____

HAVE YOU PASSED A CIVIL SERVICE EXAM? ___ NO ___ YES

IF YES, TITLE OF EXAM: _____

FOR CIVIL SERVICE PURPOSES, PLEASE SPECIFY ANY TYPING COURSE YOU MAY HAVE TAKEN: _____

FOR BUILDINGS AND GROUNDS EMPLOYMENT

WHAT TYPE OF DRIVER'S LICENSE DO YOU CURRENTLY HAVE? _

WERE YOU EVER AN APPRENTICE IN ANY TRADE? ___ YES ___ NO

IF YES, HAS THE APPRENTICESHIP BEEN COMPLETED? ___ YES ___ NO

DO YOU HOLD A LICENSE FOR ANY TRADE? ___ YES ___ NO

IF YES PLEASE LIST _____

PLEASE LIST ANY HOBBIES THAT YOU MAY HAVE WHICH INVOLVE SKILLS OF ANY KIND: _____

LIST ANY MACHINERY WHICH YOU KNOW HOW TO OPERATE. _____

FOR TEACHER AIDE EMPLOYMENT

LIST ANY EXPERIENCES, TRAINING OR SKILLS, WHICH WOULD QUALIFY YOU FOR WORK AS A TEACHER AIDE

FOR FOOD SERVICE EMPLOYMENT

LIST ANY EXPERIENCES, TRAINING OR SKILLS WHICH WOULD QUALIFY YOU FOR WORK IN THE FOOD SERVICE DEPARTMENT _____

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**THIS APPLICATION WILL BE CONSIDERED INCOMPLETE IF CONTACT PERSON AND TELEPHONE NUMBERS
***** ARE NOT INCLUDED IN EMPLOYMENT HISTORY *******

LIST MOST RECENT EMPLOYMENT FIRST. INCLUDE ANY SELF-EMPLOYMENT OR PART-TIME WORK.

COMPANY NAME	COMPANY ADDRESS	COMPANY PHONE	YOUR POSITION
DATES: FROM / TO	NAME OF SUPERVISOR	PHONE # FOR SUPERVISOR	REASON FOR LEAVING
GENERAL DUTIES			

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DATES: FROM / TO	NAME OF SUPERVISOR	PHONE # FOR SUPERVISOR	REASON FOR LEAVING
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GENERAL DUTIES			

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LIST THREE REFERENCES THAT ARE NOT RELATED TO YOU

Y NAME _____ NUMBER OF YEARS ACQUAINTED _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ OCCUPATION _____

Y NAME _____ NUMBER OF YEARS ACQUAINTED _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ OCCUPATION _____

Y NAME _____ NUMBER OF YEARS ACQUAINTED _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE _____ OCCUPATION _____

THE INFORMATION AND FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT PLEASE PRINT NAME DATE



FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE OF INTERVIEW _____ INTERVIEWED BY _____

APPROVED BY _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

ASSIGNMENT AS _____ EFFECTIVE DATE _____

INTERVIEW NOTES: