

Newburgh Enlarged City School District
124 Grand Street
Newburgh, NY 12550
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

The Newburgh Enlarged City School District operates all programs in compliance with Federal law which prohibits discrimination because of race, color, religion, sex, age, national origin or handicap.

COMPLETE IN FULL OR APPLICATION WILL NOT BE RETAINED

DATE: _____

NAME: _____ **Email:** _____
Last Name, First Name Must be provided

ADDRESS: _____
Street City State Zip Code

PHONE NUMBER: _____ **Social Security Number:** _____

Position Applying For: _____

Were you previously employed by us? _____ **If yes, when?** _____

RECORD OF EDUCATION

School	School Name & Address	Last Year Completed (Circle One)				Did You Graduate? (Circle One)	
Elementary		5	6	7	8	YES	NO
High		1	2	3	4	YES	NO
GED	Date Received:					YES	NO
College (List Degree & Major)		1	2	3	4	YES	NO

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ **If yes, what branch?** _____

Dates of Duty: _____ **Rank at discharge:** _____

List below your last three employers, beginning with your most recent:

Name & Address of Company	From: Month/Year	To: Month/Year	Describe the Work You Did	Reason For Leaving	Name, Email & Phone # of Supervisor
Name & Address of Company	From: Month/Year	To: Month/Year	Describe the Work You Did	Reason For Leaving	Name, Email & Phone # of Supervisor
Name & Address of Company	From: Month/Year	To: Month/Year	Describe the Work You Did	Reason For Leaving	Name, Email & Phone # of Supervisor

SUPERVISORS WILL BE CONTACTED FOR REFERENCES – CONTACT INFORMATION MUST BE PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

*** All Three Questions Below Must Be Answered (Circle Answer)**

Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations?	YES	NO
Are any criminal charges or proceedings pending against you?	YES	NO
Can we request under Public Law 91-508 a copy of criminal records?	YES	NO

PHYSICAL RECORD

Explain any existing physical or mental condition which would adversely affect your ability to substantially perform the duties of this position you seek. (Answer is Optional)

AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

SIGNATURE _____ DATE _____

Applications are retained in the District's active file for one year. At the end of one year, they are destroyed.

**APPLICANT AUTHORIZATION FOR
RELEASE OF INFORMATION**

In connection with my application for employment with the Newburgh Enlarged City School District, I authorize my present and former employers and any educational, professional, or licensing agency to respond to a request from:

**Newburgh Enlarged City School District
124 Grand Street
Newburgh, New York 12550**

To verify statements I have made on the job application form regarding my qualifications and employment history.

Applicant Name – Print

Signature

Date

Other name(s) by which you have been known:
