



Lake George Central School District Non-Instructional Employment Application

► General Information

Name _____ Social Security Number _____
(Last) (First) (Middle)

Any other names by which you may have been know in the past _____

Present Address _____

Phone Number _____ Until _____

Permanent Address _____

Phone Number _____ NYS ERS Retirement No. _____

► Position

For what position(s) do you wish to apply: _____

Are you presently employed? _____ Date Available for Work _____

Where? _____

► Personal Data

Have you ever been dishonorably discharged from military duty? Yes No

If yes, please explain:

Have you ever been asked to resign or terminated from employment because of a disciplinary action? Yes No

If yes, please explain:

Have you ever been convicted of a crime or misdemeanor? Yes No

If yes, please explain:

Are you legally eligible for employment in this country? Yes No

Upon employment you will be asked to produce identification in accordance with the Immigration Reform and Control Act of 1985.

Public Notification

Lake George Central School is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, creed, sex, age, handicap, or as other decreed by law and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. Inquiries regarding this nondiscrimination policy may be directed to the Title IX Coordinator, Lake George Central School District, 381 Canada Street, Lake George, New York 12845.

► Educational Preparation

Name and Location of School	Major/Minor	Dates Attended	GPA	Degree	Semester	Year of Graduation
High School						
Vocational/Technical Trade						
College (Undergraduate)						
College (Graduate)						
Other Training						

► Employment History (Most recent first)

1. Employer	Telephone	Salary
Address	Dates Employed: From _____ To _____	
Job title	Summarize the nature of work performed and job responsibilities	
Immediate supervisor, title, telephone		
Reason for leaving		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

2. Employer	Telephone	Salary
Address	Dates Employed: From _____ To _____	
Job title	Summarize the nature of work performed and job responsibilities	
Immediate supervisor, title, telephone		
Reason for leaving		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

3. Employer	Telephone	Salary
Address	Dates Employed: From _____ To _____	
Job title	Summarize the nature of work performed and job responsibilities	
Immediate supervisor, title, telephone		
Reason for leaving		
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

► **References**

Give three references, including supervisors under whom you have worked, who have firsthand knowledge of your moral character, personality, working ability, and reliability. (Do not use persons related to you by blood or marriage.)

Name	Address	Phone	Relationship
1.			
2.			
3.			

In the space below, you may submit a statement covering any additional points, which will help in judging your suitability for a position, including such things as: 1. Your aims; 2. Special experience, training, or interests not mentioned elsewhere; 3. Any conditions or circumstances which would limit your work.

I hereby authorize Lake George Central School to make any investigation of my past employment and waive the right of access to any information submitted by these references. All statements by me on this application are true and complete. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.

_____ **Date**

_____ **Signature of Applicant**

Application invalid without signature and date

Fill out application as completely as possible and mail to:

**Business Administrator
Lake George Central School District
381 Canada Street
Lake George, New York 12845**

Applicants for Regular or Substitute Bus Driver positions must complete the next page

► Professional License Information (Bus Driver Applicants Only)

1. Class of Driver's License Currently Held: _____

Expiration Date: _____ License ID Number: _____ State of Issuance: _____

2. Active Driver Experience (Number of Years) _____

Passenger bus or heavy truck _____ Years _____ Light truck or station wagon _____ Years _____

3. Have you been involved in any accidents while driving in the last five years which resulted in injuries to yourself or others?
 Yes No

If yes, describe the extent of the accident or accidents:

4. Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years?
 Yes No If Yes, provide the following information:

Date	Charge	Court and Location

5. Do you use intoxicants? Frequently Seldom Never

6. Do you use drugs? Frequently Seldom Never

7. Have you ever had any convulsions or periods of unconsciousness? Yes No

If yes, please explain:

8. Have you ever attended a Bus Driver Training Course? Yes No

Other similar courses? Yes No If yes, give date, place, and duration of each kind of course:

Did you receive a certificate? Yes No If yes, please attach a copy to this application.