

# Putnam Valley Central School District

146 Peekskill Hollow Road  
Putnam Valley, New York 10579  
(845) 528.8143

## Classified Employment Application

### Personal Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

New York State Retirement System Member: Yes \_\_\_ No \_\_\_

New York State Retirement System Member #: \_\_\_\_\_

Application Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Present Salary: \_\_\_\_\_

### Position Preference - Job(s) Applied for: (Circle)

School Monitor	Bus Driver	R.N.	Clerical: Account Clerk,
Bus Monitor	Mechanic/Driver	Health Office Assistant/LPN	Clerk, Office Assistant/
Campus Monitor	Cleaner	Head Custodian	Typist
Teacher Aide	Groundskeeper/Custodial Worker	Head Bus Driver	Other: _____

### Educational Preparation (Copies of all diplomas and/or college transcripts must be provided)

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College/University Business or Technical Schools	From	To	Degree	Major/Minor
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

### Current Employment Information

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Available: \_\_\_\_\_

### Other Experience

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Employed: \_\_\_\_\_

Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Employed: \_\_\_\_\_

Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Employed: \_\_\_\_\_

Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Employed: \_\_\_\_\_

Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Classified Positions**

**Aide/Monitor**

Indicate experiences that qualify you for working with students in a supervisory or instructional setting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Office Assistant/LPN**

Do you have a current LPN certification? Yes No Expiration Date \_\_\_\_\_

Do you have any experience working with children? Yes No

Do you have any office work experience? Yes No

Are you interested in substitute work in this area? Yes No

**Clerical**

Do you have any computer skills? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Your average typing speed: \_\_\_\_\_ W.P.M. Do you take shorthand? \_\_\_\_\_ If yes, speed: \_\_\_\_\_ W.P.M.

Do you have experience in Purchasing, Accounts Payable or Payroll? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you taken any Civil Service examinations for clerical positions? \_\_\_\_\_ If yes,

When: \_\_\_\_\_ Where: \_\_\_\_\_

Titles(s): \_\_\_\_\_ Scores(s): \_\_\_\_\_

Are you interested in substitute work in this area: Yes No

**Cleaner/Custodial Worker/Bus Driver (Bus Driver must fill out Page 3 of this application)**

Have you had experience or training in institutional cleaning? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever supervised others in an institutional cleaning operation? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever taken any Civil Service examinations for custodian positions? \_\_\_\_\_ If yes,

When: \_\_\_\_\_ Where: \_\_\_\_\_

Titles(s): \_\_\_\_\_ Scores(s): \_\_\_\_\_

Are you interested in substitute work in this area: Yes No

**Maintenance and Special Skills (Job titles in this area are: Groundskeeper, Automotive Mechanic, Plumber, Carpenter, Electrician, etc.)**

Indicate experience or training that qualifies you for your area of preference: \_\_\_\_\_

Type of Driver's License: \_\_\_\_\_ Have you been charged with moving traffic violations (reckless driving, speeding, etc.) within the last 5 years or with any criminal act? \_\_\_\_\_ If yes,

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_ Court and Locations: \_\_\_\_\_

**Bus Driver (Answer the following if applying for Regular or Substitute Bus Driver)**

Class of Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Motorist Identification No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Attach to this application form at least three (3) statements from three different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability. This is a State Education Department requirement.

Have you ever had an accident while driving, which resulted in injuries to yourself or others? Yes No

If yes, describe in detail: \_\_\_\_\_

Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give:

Date	Charge	Disposition	Court and Location
_____	_____	_____	_____

Active driving experience: School Bus \_\_\_\_\_ years; Passenger Bus or Heavy Truck \_\_\_\_\_ years; Light Truck or Station Wagon \_\_\_\_\_ years.

Do you use intoxicants? Frequently Seldom Never

Do you use drugs? Frequently Seldom Never

Have you ever had any convulsions or periods of unconsciousness? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are interested in automotive mechanics or body repair work, please indicate experience or training that qualifies you for these areas: \_\_\_\_\_

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above named application for the position of Bus Driver for the school year 20\_\_\_\_ - 20\_\_\_\_. I hereby recommend his/her employment.

\_\_\_\_\_  
Date Signature of Transportation Supervisor

**References (must provide three)**

Name:(Current Supervisor) \_\_\_\_\_ May we contact now? \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Answer "Yes" or "No"**

Veteran: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been fingerprinted for the purpose of employment? \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Are you legally eligible for employment in this country? (requires two original forms of I.D.)	_____
Have you ever been convicted of a crime? (other than minor traffic violations)	_____
Are any criminal charges pending against you? (other than minor traffic violations)	_____
Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	_____
Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	_____
Have you ever been disqualified for employment for any civil service position?	_____
Have you ever been discharged or required to resign from any position? (other than staff reduction layoffs)	_____
Have charges ever been preferred against you by an employer?	_____
If yes, were the charges sustained?	_____
Have you ever resigned as an alternative to facing charges or dismissal?	_____
Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints or medical record?	_____
Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency as a result of your record?	_____
Has a Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? (If yes, complete the <i>confidentially held</i> information below.)	_____
Date and nature of the finding: _____	
Name of the court: _____	
Name of the judge: _____	

**Applicant's Statement:**

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the Putnam Valley Central School District to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the Putnam Valley Central School District to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the School District.

I understand that any omissions on this application may prevent my application from being evaluated and that any misrepresentation, falsification or omission on this application or on other documents submitted to the School District will be sufficient cause for this application not to be considered by the School District or for discharge if I have been employed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The Putnam Valley Central School District does not discriminate on the basis of sex, race, creed, national origin, age or disability, in its employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, and Title VII of the Americans with Disabilities Act.