

District Office 14665 State Route 22 New Lebanon, NY 12125 518-794-7600 518-766-5574 (fax)

New York State Law prohibits discrimination on the grounds of race, color, creed, sex, national origin, age, disability, or marital status. New Lebanon Central School District is an equal opportunity employer.

Date: Position Applied For:_		
Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone Number:	Work Pho	one Number:
Cell Phone Number: Ema	ail Address: _	
Are you a United States citizen? Yes	No	-
If no, do you have a legal right to work in the U.S.?	Yes	No
How did you learn of this opening?		
Have you worked for the District before?	If yes, v	when?
List any friends or relatives working for us		
If hired, on what date will you be available to start wo	ork?	
Background Investigation: Applicants will be required to und which will include a fingerprint check to determine suitability for investigation may result in disqualification.		
Have you ever been convicted of a crime (felony or n	nisdemeanor	r), not including any violation or infraction?
Yes No		
If yes, describe in full		

Position Held and	ORY: (you may attach a current Name, Address & Telephone	Supervisor's	Reason for Leaving
Dates	Number of Employer	Name & Title	
Position:			
From:			
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To:			
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Position Held and Dates	Name, Address & Telephone	Supervisor's	Reason for Leaving
Position:	Number of Employer	Name & Title	
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From:			
T.			
To:			
Position Held and	Name, Address & Telephone	Supervisor's	Reason for Leaving
Dates	Name, Address & Telephone Number of Employer	Supervisor's Name & Title	Reason for Leaving
	_	-	Reason for Leaving
Dates	_	-	Reason for Leaving
Dates Position:	_	-	Reason for Leaving
Dates	_	-	Reason for Leaving
Dates Position:	_	-	Reason for Leaving
Dates Position:	_	-	Reason for Leaving
Position: From:	_	-	Reason for Leaving
Position: From:	_	-	Reason for Leaving
Position: From:	_	-	Reason for Leaving
Position: From: To:	Number of Employer	Name & Title	
Position: From: To: May we contact the empl	_	Name & Title	
Position: From: To:	Number of Employer	Name & Title	
Position: From: To: May we contact the empl	Number of Employer	Name & Title	
Position: From: To: May we contact the empl	Number of Employer	Name & Title	
Position: From: To: May we contact the empl	Number of Employer	Name & Title	

For Teaching, Teaching As	ssistants, an	d Administrative Pos	itions Only:	
ERTIFICATION:				
o you have a New York State Certificate?	Yes:	No:	In Process	:
robationary: Permanent: Pro	ofessional: _			
ate received: TEA	ACH ID# (no	ot certificate #):		

Have you ever been tenured in another school district? Yes_____ No____

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Name	Relationship:	Address	Telephone No.	Years Known

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I hereby also agree to hold the New Lebanon Central School District harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the New Lebanon Central School District.

I also agree to such examination by a New Lebanon Central School District designated physician	ı as may b	e
required and agree, if employed, to abide by all regulations of the New Lebanon Central School	District.	

Signature:	Date:

REFERENCE CHECK (office use only)

Name/Title	Relationship	Phone No.	Comments