

# Fabius-Pompey Central School District

*"Enter to Learn-Leave to Serve. Striving for Excellence in School, Community, and the World."*

1211 Mill Street  
Fabius, NY 13063

Telephone: 315-683-5301  
FAX: 315-683-5827



ELEMENTARY SCHOOL  
(315) 683-5857



MIDDLE SCHOOL - HIGH SCHOOL  
(315) 683-5811

## NON-INSTRUCTIONAL EMPLOYMENT APPLICATION

Please Print or Type

### POSITION PREFERENCE

<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Custodial	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Bus Monitor
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute

### PERSONAL INFORMATION

Name _____		
Last	First	Middle
Present Mailing Address _____		
Zip _____		
Permanent Mailing Address _____ Phone (    ) _____		
Zip _____		
Home Phone (    ) _____ Work Phone (    ) _____ Cell (    ) _____		

This application should be completed in full. Please mail to: Superintendent's Office, Fabius-Pompey Central School District, 1211 Mill Street, Fabius, NY 13063. Your application will remain on file for one year unless otherwise notified.

The Fabius-Pompey Central School District does not discriminate on the basis of age, color, religion, creed, disability, marital status, gender, veteran status, national origin, or race in the educational programs and activities which it operates.

**EQUAL OPPORTUNITY EMPLOYER**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Retirement System No. \_\_\_\_\_

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)?  Yes  No

**SKILLS**

Do you have:
Typing Skills <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, wpm _____
Computer Skills <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe skills _____
_____
_____
Other Clerical Skills <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list _____
_____
Food Service experience <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain _____
_____
Custodial experience <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain _____
_____
Bus Monitor experience <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain _____
_____

**REFERENCES**

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 03/2015

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537  
www.ongov.net

Job / Exam Title

TYPE OR PRINT CLEARLY IN INK

Exam #

**NAME AND ADDRESS:** IMMEDIATE notice should be given to this office if any changes in name or address occur.

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security #</b>
<b>Legal Address:</b>		<b>Mailing Address (If different from legal):</b>	
Street	_____	Street or PO Box	_____
Apt/Rd#	_____	City/Village	_____
City/Village	_____	State	ZIP _____
Town	_____	<b>E-Mail Address</b>	_____
School District	_____	<b>Home Phone</b> ( )	_____
County	_____	<b>Work Phone</b> ( )	_____
State	_____	<b>Cell Phone</b> ( )	_____
	ZIP _____		

**ADDITIONAL INFORMATION**

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

**Use This Space For Explanations**

\_\_\_\_\_

\_\_\_\_\_

**VETERAN'S CREDIT:**  Veteran  Disabled Veteran  Currently On Active Duty

Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?  YES  NO

**COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER**

1. Are you a citizen of the United States?  YES  NO
2. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

**Payment Enclosed:**  Check # \_\_\_\_\_  Cash  Money Order  Visa  MC  Discover  Waived (proof must be attached)

**DECLARATION** (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONNEL DEPARTMENT USE ONLY:** Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Approved  Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_ Recv'd By \_\_\_\_\_

Name \_\_\_\_\_

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
College, University, Professional or Technical School						
Other Schools or Special Courses						

**License** Do you possess a license to practice a trade or profession? YES  NO  License/certificate# \_\_\_\_\_

Name of trade or profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_

City/State \_\_\_\_\_ Original Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Driver's License** (Complete only if the position for which you are applying requires one.) Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Class of license \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

**School Bus Driver candidates: Date of Birth:** \_\_\_\_\_

**Experience:** You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Salary			
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially.

**SOCIAL SECURITY #:** \_\_\_\_\_

**EXAM TITLE:** \_\_\_\_\_

**EXAM DATE:** \_\_\_\_\_

**MALE**

**FEMALE**

**White/Non-Hispanic**

**Black**

**Hispanic**

**Asian/Pacific Islander**

**American Indian/Alaskan Native**

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.