

# 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 #
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 address occur.

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

**Veteran's Credit:** If you wish to claim additional credit as a disabled/non-disabled wartime veteran or current active member of the U.S. armed forces, you must do so NOW by checking the appropriate box. 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.

**Non-Disabled Veteran**  **Disabled Veteran**  **Currently On Active Duty**   
 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 and SCHOOL BUS DRIVER POSITIONS ONLY**

Are you a citizen of the United States? YES  NO  Date of Birth / /

**Place An "X" In The Appropriate Space. Explain all "yes" responses in the space provided below.**

- YES  NO  Are you an Exempt Volunteer Firefighter?
- YES  NO  Were you ever dismissed or resigned in lieu of dismissal from any public employment due to disciplinary reasons?
- YES  NO  Conviction\* Have you ever been convicted of any crime (felony or misdemeanor)?  
 Explain for each case: 1) Charge, 2) Place, 3) Date, 4) Action taken  
 You may omit parking violations. \*Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.
- YES \* NO  Do you need special arrangements for this exam (religious accommodation or disabled?) If yes, explain below.  
 \*It is the candidate's responsibility to state accommodations needed for each and every exam when applying.
- YES  NO  Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? (Section 50-b of NY State Civil Service Law)  
 YES  NO  If you do have a loan, are you presently in default on any such loan?

**Use This Space For Explanations** (Attach additional sheets if more space is needed.)

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**BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

**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   
 Reason/Comments: \_\_\_\_\_  
 \_\_\_\_\_ Recv'd By \_\_\_\_\_

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Received	Date Degree Received
High School or Equivalency			XXXXXXXXXX XXXXXXXXXX	XXXXXX XXX	XXXXXX XXXXXX	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 \_\_\_\_\_

**Experience:** You must complete this section whether or not you submit a resume. Beginning with your most recent, **describe in detail**, any employment, volunteer experience or military service that qualifies you for the position sought. **Duties:** Describe the nature of the work personally performed by you, with estimated % of time on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. 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
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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
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Total Yrs. Mos.	DUTIES: See directions above.		
Salary			
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