

Fabius-Pompey Central School District

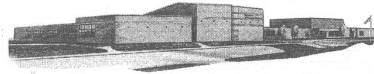
"Enter to Learn - Leave to Serve. Striving for Excellence in School, Community and the World."

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

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

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 Yes No If yes, wpm _____

Computer Skills Yes No

If yes, describe skills _____

Other Clerical Skills Yes No

If yes, list _____

Food Service experience Yes No

If yes, explain _____

Custodial experience Yes No

If yes, explain _____

Bus Monitor experience Yes No

If yes, explain _____

REFERENCES

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

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
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of 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		
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		
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.		
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.