

Lewiston-Porter Central School District

Application for Non-Instructional and Substitute Teaching* Positions

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

*Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full - even if attaching a resume.)*

*For those applying for substitute teaching positions, see additional information requested in the box at the end of this form.
Be sure this section is fully completed.**

PLEASE PRINT THIS APPLICATION AND COMPLETE USING A BALLPOINT PEN.

PERSONAL INFORMATION

• Full Name: _____

• Social Security Number: _____

• Present Address: _____

NUMBER

STREET

APT. # or PO BOX

CITY

STATE

ZIP

• Present Home Telephone #: _____ • Present Cell Telephone #: _____

• How long have you lived at your present address?: _____

• Previous Address: _____

NUMBER

STREET

APT. # or PO BOX

CITY

STATE

ZIP

• How long did you live at your previous address?: _____

• If you do not have a phone, how may we contact you?: _____

• Are any of your relatives presently employed with the district? Yes _____ No _____ If yes, name of relative: _____

• Have you ever worked for the district before? Yes _____ No _____ If yes, where? _____ Approximate date (mo./yr.): _____

• Have you ever applied to the district before? Yes _____ No _____ If yes, where? _____ Approximate date (mo./yr.): _____

• How were you referred?: _____

GENERAL INFORMATION

- If under age 18, please state your age: _____ • If you are under age 18, can you supply working papers? () Yes () No.
- Only U.S citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? () Yes () No.
- Have you ever been convicted of a crime or violation other than a minor traffic infraction? () Yes () No.
(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age, time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)
- If yes, please explain: _____
- Have you ever been discharged from any employment or asked to resign? () Yes () No.
- If yes, please explain: _____
- Please check schedule availability:
() I am available and desire to work FULL-TIME (30+ hours) and do not have restrictions on my hours and days.
(Complete Section B.)
() I am available and desire to work PART-TIME. (If less than 34 hours a week, please complete Sections A & B).

Section A.

I am only available for PART-TIME because () Student () Other Job () Other (explain) _____

Section B.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.
To:	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.	() a.m. () p.m.

Note: Work schedules are based upon the needs of the District and may be subject to change on a weekly basis.

- Wage Expected: _____
- Date Available to Work: _____

EDUCATION

Type of School	Name /Address of School	Major Subject	Circle Last Year Attended				Graduated (Yes/No)	Degree
High School			9	10	11	12		
College			1	2	3	4		
College			1	2	3	4		
Graduate School			1	2	3	4		
Business/Trade/Other			1	2	3	4		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

- List any experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

- Please indicate any prior military service which you would like considered in connection with your application for employment.

EMPLOYMENT HISTORY

Begin with your most recent employment (1) and continue with all past employment. Attach additional sheets if necessary.

1. • Name of Company: _____ • Type of Business: _____
• Present Address: _____ • Phone Number: _____
• Job Title: _____
• Employed From (month/year to month/year): _____
• Name and Title of Immediate Supervisor: _____
• Describe Your Duties: _____
• Reason For Leaving (please explain): _____
• May We Contact Employer? Yes _____ No _____ • Explain Any Period Between Jobs: _____

2. • Name of Company: _____ • Type of Business: _____
• Present Address: _____ • Phone Number: _____
• Job Title: _____
• Employed From (month/year to month/year): _____
• Name and Title of Immediate Supervisor: _____
• Describe Your Duties: _____
• Reason For Leaving (please explain): _____
• May We Contact Employer? Yes _____ No _____ • Explain Any Period Between Jobs: _____

3. • Name of Company: _____ • Type of Business: _____
• Present Address: _____ • Phone Number: _____
• Job Title: _____
• Employed From (month/year to month/year): _____
• Name and Title of Immediate Supervisor: _____
• Describe Your Duties: _____
• Reason For Leaving (please explain): _____
• May We Contact Employer? Yes _____ No _____ • Explain Any Period Between Jobs: _____

4. • Name of Company: _____ • Type of Business: _____
• Present Address: _____ • Phone Number: _____
• Job Title: _____
• Employed From (month/year to month/year): _____
• Name and Title of Immediate Supervisor: _____
• Describe Your Duties: _____
• Reason For Leaving (please explain): _____
• May We Contact Employer? Yes _____ No _____ • Explain Any Period Between Jobs: _____

ATTENDANCE AND PUNCTUALITY INFORMATION

• Consistent attendance and punctuality are essential requirements of every job. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the district? [] YES [] NO.

• If yes, please explain _____

PROFESSIONAL REFERENCES

1. • Name: _____ • Title/Relationship: _____

• Home Address: _____ • Home Phone Number: _____

• Occupation: _____ • Business Phone Number: _____

• How Long Known: _____

2. • Name: _____ • Title/Relationship: _____

• Home Address: _____ • Home Phone Number: _____

• Occupation: _____ • Business Phone Number: _____

• How Long Known: _____

3. • Name: _____ • Title/Relationship: _____

• Home Address: _____ • Home Phone Number: _____

• Occupation: _____ • Business Phone Number: _____

• How Long Known: _____

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing.

It is the policy of the district to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. If hired, I agree to abide by all of the district rules and regulation, and understand that, if employed, my employment may be terminated. I further understand that no representation, whether oral or written by any representative or agent of the District, at any time, can constitute a contract of employment. I understand that the District shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, or other terms or conditions of employment.

****Note to those applying for substitute teaching positions: In order to be considered, you MUST return this application in person to the Human Resources office, District administration building.***

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature: _____ Date: _____

Substitute Teacher Applicants*

Please include a copy of NYS certification information ONLY and other updated professional information pertinent to substitute teaching.

**For those applying for substitute teaching positions, include subject area(s) that you are interested in teaching and indicate whether you are “certified” or “experienced” or both in that subject area*

Subject Area _____ Certified; Experienced; Both (circle one)

Subject Area _____ Certified; Experienced; Both (circle one)

Subject Area _____ Certified; Experienced; Both (circle one)

Subject Area _____ Certified; Experienced; Both (circle one)

Subject Area _____ Certified; Experienced; Both (circle one)