

**OFFICE OF HUMAN RESOURCES
WAPPINGERS CENTRAL SCHOOL DISTRICT
167 MYERS CORNERS ROAD, SUITE 200
WAPPINGERS FALLS, NEW YORK 12590**

TELEPHONE: (845)298-5000, EXT 40116

EMPLOYMENT APPLICATION FOR SUPPORT STAFF

Thank you for your interest in employment with our District. Please complete this application and return it by mail to the address above. You may also include a cover letter, resume, and written letters of reference.

Your application will be kept in our active files for one calendar year. We suggest that you photocopy your completed application for your records before returning it to the Office of Human Resources.

You may call the Office of Human Resources only to verify that your application has been received. If an opening arises and you are selected for an interview, you will be contacted by a District supervisor.

**THE WAPPINGERS CENTRAL SCHOOL DISTRICT
IS AN EQUAL OPPORTUNITY EMPLOYER.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SUPPORT STAFF**

Application for position(s) of: _____

Check one or more: Full-time _____ Part-time _____ Substitute _____ Date Available For Employment: _____

Please indicate any preferences for work location(s) within the District: _____

Personal Data

Name _____ Social Security Number _____
Last, First, Middle

Permanent Address _____
Street Address, City, State, Zip Code

Permanent Telephone Number _____ Cell Phone Number _____

Work Telephone _____ E-mail Address _____

Temporary Address _____
Street Address, City, State, Zip Code

Temporary Telephone Number _____ Until what date? _____

U.S. Citizen? (yes/no): _____ Veteran? (yes/no): _____ If veteran, give service dates: From: _____ To: _____

Volunteer fireman? (yes/no) _____ If yes, give name of fire company: _____

If you are presently a member of (or if you are receiving a benefit from) a public retirement system in New York State, please indicate which system (Teachers, Employees, Police & Fire), your member number, and the percentage (if any) you contribute:

System _____ Member Number _____ Percentage _____

If previously employed by the District, give job title(s) and dates of employment: _____

Applicants for office positions (both supervisory and clerical): Please indicate your level of experience using computers in an office environment. List computer programs you are able to use and indicate your level or proficiency.

Applicants for registered professional nurse positions:

New York State license number: _____ and expiration date: _____

First Aid certificate expiration date: _____ CPR (all age levels) expiration date: _____ AED expiration date: _____

Applicants for teaching assistant positions:

NYS teaching assistant certificate type: _____ and expiration date _____

Education List all schools attended, including high school, in reverse chronological order.

Dates Attended	Name and Location (City/State) of School	Diploma/Degree Received And/Or Number of Credits	Major Field(s) Of Study
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____
From (month/year) _____	_____	_____	_____
To (month/year) _____	_____	_____	_____

Work Experience List most recent experience first.

Dates Employed	Name, Location (Street Address, City, State, Zip Code), and phone number of Employer	
From (month/year) _____	_____	Job Title: _____
To (month/year) _____	_____	Duties: _____
	_____	_____
	_____	Name of Supervisor: _____
	Phone: _____	Reason for leaving: _____
From (month/year) _____	_____	Job Title: _____
To (month/year) _____	_____	Duties: _____
	_____	_____
	_____	Name of Supervisor: _____
	Phone: _____	Reason for leaving: _____
From (month/year) _____	_____	Job Title: _____
To (month/year) _____	_____	Duties: _____
	_____	_____
	_____	Name of Supervisor: _____
	Phone: _____	Reason for leaving: _____

