

**Mount Markham  
Central School District**

Date \_\_\_\_\_

**Employment Application**

**500 Fairground Road**

**West Winfield, NY 13491**

**POSITION PREFERENCE**

Teaching   
Substitute Teaching

Cust \_\_\_\_\_ Bldg Aide \_\_\_\_\_ Bus Aide \_\_\_\_\_  
Non Teaching  Substitute

\_\_\_\_\_  
Subject

\_\_\_\_\_  
Position

\_\_\_\_\_  
Position

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Present Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street, Town, Zip

Permanent Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street, Town, Zip

Social Security No \_\_\_\_\_ Retirement No \_\_\_\_\_

Are you capable of performing in a reasonable manner, the activities involved in the job or occupation for which you have applied? Yes  No  If no explain \_\_\_\_\_

Do you have a legal right to work in the United States? Yes  No

If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship Yes  No

Have you ever been convicted of a crime? Yes  No  If yes, explain \_\_\_\_\_

Did you receive a dishonorable discharge Yes  No  N/A

A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision  
*Section 75 Rights*

**CERTIFICATION / LICENSE**

I hold the New York State Teaching / Administrative Certificate(s) described below: (provide copies)

	Area	Date Issued
Permanent Provisional Initial	_____	_____
Permanent Provisional Initial	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? Yes  No

Do you have an evaluation of your NYS certificate status? Yes  No  (if yes, enclose a copy)  
\_\_\_\_\_

# TENURE STATUS

Were you ever appointed on tenure in a public school district in New York? Yes  No  If yes, complete

Tenure Area \_\_\_\_\_ Effective Date \_\_\_\_\_

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-z? Yes  No

Name and address of school district where tenure was granted \_\_\_\_\_

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of it's members)

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## OTHER SKILLS AND ABILITIES

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## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character:  
Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference

Name

Position

Address & Telephone

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May we refer to your present employer? Yes  No

May we refer to your former employer? Yes  No

Placement Folder may be secured from: (Name & Address) \_\_\_\_\_

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## EDUCATIONAL PREPARATION

Name and Location of School	Name of Studies	Did You Graduate?

Name and Location of School	Dates Attended	Nature of Studies	Degree	Date Granted
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade*				

\*provide copy of transcripts

## TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

## OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

# APPLICANT'S STATEMENT

(Give any additional information which you think might be of value in considering you for a position)

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I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

I authorize investigation of all statements contained in this application for employment, my resume, my educational background, and any prior or subsequent employment, as may be necessary in arriving at any employment decision, or in arriving at other decisions relating in any way whatsoever to my employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Are your fingerprints on file with NYS Education Department Yes  No

**Please return completed application to:**  
**Superintendent**  
**Mount Markham Central School District**  
**500 Fairground Road**  
**West Winfield, NY 13491**

EQUAL OPPORTUNITY EMPLOYER

**REGULAR OR SUBSTITUTE DRIVER APPLICATION**

Telephone or Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Class of Driver's License \_\_\_\_\_ Exp Date of Such License \_\_\_\_\_

Motorist Identification Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

How many years have you driven? \_\_\_\_\_

Have you ever had an accident while driving the past five years which resulted in injuries to yourself or others? Yes  No

If yes, describe extent of accident or accidents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of moving violations (reckless driving, speeding, etc.) or of any criminal act during the past three years?

If yes, give:

Date	Charge	Court and Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Active driving experience: \_\_\_\_\_ years

\_\_\_\_\_ Years  
(Passenger bus or heavy truck)

\_\_\_\_\_ Years  
(Light truck or station wagon)

Do you use intoxicants? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Do you use drugs? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Have you ever had convulsions or periods of unconsciousness?

Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

List employment, in consecutive order for the past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended a Bus Driver Training Course? Yes No

Other such courses Yes No If yes, give date and duration of each kind of course \_\_\_\_\_

Did you receive a certificate Yes No

Attach to this application for at least three (3) statements from three different persons who are not related to you either by blood or marriage pertaining to your mortal character and reliability. \_\_\_\_\_

To the best of my knowledge and belief the answers to the above questions are true.

\_\_\_\_\_Date \_\_\_\_\_Signature of Applicant

- I have read the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of bus driver for the year 20\_\_ - 20\_\_ for School District No. \_\_\_\_\_

I hereby approve his/her employment.

\_\_\_\_\_Date

\_\_\_\_\_  
Supervisor of the carrier or  
Chief School Officer

If you knowingly make a false statement in this application, you commit a misdemeanor.

\*Denotes Education Department requirements.