

**BRUNSWICK CENTRAL SCHOOL DISTRICT
3992 ROUTE 2
TROY, NEW YORK 12180**

Application for Employment (Instructional)

Instructions: This application must be completed in full, even if you include a resume. Conditions of employment are stated at the end of this form. Please read carefully before you sign the application.

Positions for Which You Are Applying (Check all that are applicable)			
Elementary School	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Middle School	<input type="checkbox"/>	Teaching Assistant	<input type="checkbox"/>
High School	<input type="checkbox"/>	Tutor	<input type="checkbox"/>
Special Education	<input type="checkbox"/>	Substitute	<input type="checkbox"/>

Brunswick Central School District will consider applicants for employment without regard to age, race, creed, color, national origin, sex, sexual orientation, disability, military status, genetic predisposition or carrier status, or marital status, or any other legally protected status.

Personal Information			
First Name	Last Name	Middle Initial	Social Security Number (Voluntary)
Present Address			Home Telephone Number
City	State	Zip Code	

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If No, you will be asked to provide authorization to work)

Have you been convicted of a felony or misdemeanor? YES NO
(If yes, please provide an explanation of the circumstances surrounding the conviction. A conviction will not necessarily result in denial of employment) _____

Have you ever worked for the Brunswick (Brittonkill) School District before? YES NO

If yes, where? _____ When? _____

For District Use Only

<i>Selected for Interview</i>	<i>Interview Date</i>	
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Name of Employer	Telephone Number
Address	Supervisors Name and Title
City State Zip Code	Dates of employment From To
Position Held	Salary or rate of pay
Reason for leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Employer	Telephone Number
Address	Supervisors Name and Title
City State Zip Code	Dates of employment From To
Position Held	Salary or rate of pay
Reason for leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Professional References

Please list three references *(Please ensure addresses are complete and accurate)*

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

Name	Occupation/Title
Address	Telephone Number
City State Zip Code	Relationship

