

MIDDLEBURGH CENTRAL SCHOOL DISTRICT
245 MAIN STREET
MIDDLEBURGH, NY 12122

Non-Teaching Application for Employment

INSTRUCTIONS

This application contains two parts. Please fill out both parts of the application. The civil service portion is forwarded to the Schoharie County Department of Personnel and Civil Service. **Do not include any fee.** The fee is charged only when you are applying to take an examination.

This application includes a “Waiver of Liability and Release of Claims for Police Department: that must be signed before a notary. Please do not sign this form unless you are in presence of a notary.

PLEASE PRINT

Please indicate the position for which you are applying: _____

Date: _____ Phone Number: _____

Name: _____ Social Security No. _____

Do you wish to work: Full Time Part Time Temporary

If part time, specify hours or days:

Can you work as a substitute employee?

Date available to work:

Do you have any commitment to another employer that might affect your employment with us?

Please note: This application form was designed for use by applicants for various positions. Answer the questions to the best of your ability. All information will be treated confidentially.

SKILLS:

Typing speed _____ words per minute.

Business machines you can operate: _____

Other office skills: _____

GENERAL INFORMATION:

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

Please describe any accommodations required: _____

Have you previously been employed by the Middleburgh Central School District? Yes No

If yes, when? _____

REFERENCES: (Not employers or relatives-at least three)

Name and Address	Occupation	Telephone

Person to be notified in case of emergency:

Name: _____ Telephone: _____

Address: _____

Please include any other information you think would be helpful to us in considering you for employment such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disabilities.)

WAIVER OF LIABILITY AND RELEASE OF CLAIMS
FOR POLICE DEPARTMENT

I hereby authorize the SCHOHARIE COUNTY SHERIFF'S DEPARTMENT, hereinafter Police Department to release any information it may have in its records under by name and birth date to the Middleburgh Central School District and I hereby release and forever discharge the City, State, Police Department, the Courts and other official sources named above and its agents, officers and employees from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

ADVICE: Information recovered as a result of inquiry will not be necessary to preclude employment, but will be considered as part of an overall evaluation.

Date

Name (PLEASE PRINT)

Social Security Number

Signature (Please sign before notary)

Date of Birth (Optional)

Address

Maiden Name (if any)

City State Zip

STATE OF NEW YORK
COUNTY OF SCHOHARIE

Subscribed and sworn before me this _____ day of _____,
that the above liability and release of claim was executed.

Notary Public
My Comm. Exp. _____

SEAL

ALL STATEMENTS BY ME, ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

NON-DISCRIMINATION NOTICE: Middleburgh Central School does not discriminate on the basis of race, color, national origin, creed, sex, age or handicap, as decreed by law and is in compliance with Title IX of the Education Amendment of 1972 and with Section 504 of the Rehabilitation Act of 1973.