HUNTINGTON UNION FREE SCHOOL DISTRICT

Huntington, N. Y. 11743

Phone: 631-673-2185 Fax: 631-427-6576

www.hufsd.edu

Non-Instructional Application Form

Position(s) Applied for: □ Full Time		□ Part Time					
□ Clerical □ Se	curity 🗆 N	laintenance/Custodial	□ Teacher Aide □ Foo	d Service 🛛 C	Other		
Personal Information:							
Name:	last		First	Λ <i>ι</i>	aiden		
				1016			
Auuress	Street		City	State	Zip		
Telephone #:			Social Security #:				
Email:							
Educational Ba	ckground:						
School	Na	me and Location	Course of Study	Graduate	Degree/Diploma		
High				🗆 Yes 🗆 No			
School/GED							
College				🗆 Yes 🗆 No			
Graduate							
School							
Vocational							

Activities:

Training

High School, College and Community activities:	
Awards, Honors, Recognition:	

Please provide additional information regarding the position for which you are applying:

Teacher Aide: Indicate experiences that qualify you for working with children in a school setting:					
Are you interested in substitute work in this area? Yes No					

Food Service: Have you ever had experience in preparing and serving food in an institutional setting? If yes,						
describe						
Are you interested in substitute work in this area?	🗆 Ye	S 🗆	No			

Clerical: Your average typing speedw.p.m.	Do you know word processing? Yes No
If yes, what program(s):	
Other computer programs with which you have worked:	
Have you taken any Civil Service Examinations for cleric	al positions? Yes No
If yes, When:	Title:
Are you interested in substitute work in this area?	Yes 🗆 No

Custodial/Maintenance/Grounds: Have you had ex	perience or training in this area? Yes No					
If yes, explain:						
Have you taken any Civil Service Examinations for the above positions?						
If yes, When:	Title:					
Are you interested in substitute work in this area?						

Security: Have you had experience or training as a s	security person?	□ Yes	□ No	lf yes, please
explain:				
Have you taken any Civil Service Examinations for the	e above position?	□ Yes	□ No	
Are you interested in substitute work in this area?	Yes 🛛	No		
Do you hold a NYS Security Guard License?	es 🗆 No			
If yes, License # I	Expiration Date:			

Employment Experience:

List most recent experience first. List all prior employers. Use additional sheet if necessary.

Name & Address of	Supervisor's Name & Title	From		Т	o	Reason for Leaving		
Employer		Mo.	Yr.	Mo.	Yr.			
	Phone ()							
Your job title/responsibilities:								
May we contact this employer:	May we contact this employer: Yes No							

Name & Address of	Supervisor's Name & Title	Fre	om	Т	o	Reason for Leaving	
Employer		Mo.	Yr.	Mo.	Yr.		
	Phone ()						
Your job title/responsibilities:							
May we contact this employer: Yes No							

Name & Address of	Supervisor's Name & Title	Fre	om	Т	o	Reason for Leaving
Employer		Mo.	Yr.	Mo.	Yr.	
	Phone ()					
Your job title/responsibilities:						
May we contact this employer: Yes No						

Please answer the following questions:

- 1. Estimate your total absences from work for the past five years.
- Have you ever been terminated, or asked to resign from a position? □ Yes □ No If yes, please explain on a separate sheet.
- 3. Can you perform the essential job functions and activities of the position for which you are applying, with or without accommodations?

 Yes
 No
- 4. Are you a veteran?

 Yes No If yes, provide dates of service: ______

Did you receive an honorable discharge? \Box Yes \Box No

- 5. Are you a volunteer firefighter? □ Yes □ No If yes, provide dates of service and location of fire department: _____
- 6. Have you ever been convicted of a crime, excluding minor traffic violations? □ Yes □ No If yes, please explain on a separate sheet, citing date, offense and disposition of case.
- 7. Are you an active or retired member of the NYS Retirement system?

 Yes No #_____
- 8. Are you a US citizen?
 Yes No If not, are you legally eligible to work?
 Yes No
- 9. Have you been fingerprinted?

 Yes No If yes, where? _____ Date ____

1.	Name:	Phone:
	Address:	Relationship:
2.	Name:	Phone:
	Address:	Relationship:
3.	Name:	Phone:
	Address:	Relationship:
4.	Name:	Phone:
	Address:	Relationship:

References: Please list persons who can testify to your experience, character and workmanship.

I hereby authorize the Huntington UFSD to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers, and educational institutions, personal references, professional references and other appropriate sources. I waive my right to access any information provided by any reference in the process of investigating my personal background and work record.

Signature: Date:

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disgualification or dismissal if employed, regardless of what or when discovered.

Signature: _____ Date: _____

Huntington UFSD Non-Discrimination Notice

The Huntington UFSD does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, color, sex, veteran status, disability or handicap. This policy on non-discrimination includes the recruitment, hiring and advancement of employees' salaries, pay and other benefits.

3/28/19

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