

Non-Instructional Application

To be a socially responsible school community where learning and the pursuit of excellence are valued.

Personal information				
Position Desired	Date of applica	ation		
Last Name				
Present Address	City, State, Zip	·		
Permanent Address				
		Evening Phone		
Soc. Sec. #	E-mail Address	E-mail Address		
Have you been previously employed by the Duanesburg Yes No If you answered yes, please indicate when?				
Education				
School & Location	Graduated	Course/Majo	r	
High School		□ No		
Undergraduate		No		
Graduate		No		
Trade or Business	Yes	No		
High School Equivalency Diploma?	To Number and Date			
Employment History				
List the last three employers in chronological order beginning with y are still working?	your present position or last employer.	May we contact those und	er whom you have worked or	
Employer Name, Address & Phone Number	Position	Dates Employed	Reason for Leaving	
				
	-			
	-			
	-			

References		
Please list at least three professional references.	Present Address	Current Phone Number
Name		_
Title		
Name		
Title		
Name		
Title		
Health and Physical Conditions		
Do you have any impairments: physical, mental or medica	al, which could interfere with your ab	pility to perform your job?
☐ Yes ☐ No		
If you answered yes, please describe the condition and pr	ovide the name and address of the pr	rofessional who has treated
or is treating you:		
Military Service		
Have you ever served in the Armed Forces for the United	States?	
<u> </u>	□ No	
Date of entry into service	Service Serial Number	
Are you a disabled veteran? Yes No	Are you an exempt volunteer fire	
Have you ever taken a civil service examination?		
Consultation		
General Information		
Are you a citizen of the United States?	s No	
*Have you ever been convicted of a crime?	es 🗆 No	
*Have you ever been dismissed or asked to resign from a	ny position? LYes LN	0
*If you answered yes to either of the last two questions, p	lease explain	
I have by affirm that the atotoments made in this application	on one time to the best of new lineariled	lga and haliaf
I hereby affirm that the statements made in this application SIGNED	-	DATE
Applicant my attach a separate sheet of paper to provide additional additional actions and actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper to provide additional actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet of paper actions are also actions as a separate sheet actions are also actions actions and actions are als		
Applicants who are selected will be subject to fingerprint supple Legislation effective July 1, 2001.	-	_
An Equal Opportunity/Affirmative Action Employer. The Duar race, color, creed, national origin, gender, age, disability, mar and education programs.		
Please return completed application and resume to the Duanes Phone: 518-895-2279 Fax: 518-895-2626	sburg Central Office, 133 School Drive, L	Delanson, NY 12053.

www.duanesburg.org