

9. **EDUCATION** (If more space is required for full explanation, attach additional sheets or explain in "Remarks" section on page 3.

Type of School	Name of School Street Address City, State, Zip	No. of Years Completed	Were you Graduated?	Day or Night	Full or Part Time	Type of Course or Major Subject	Circle highest school year completed in Grammar, Junior High, or High School												
							1	2	3	4	5	6	7	8	9	10	11	12	
High School							Number of College Credits Received		Degree Received		Date of Degree								
College, University, Professional or Technical School																			
Other Schools or Special Courses																			

If you have a high school equivalency diploma, indicate: Issuing government authority _____
 Number _____ Date of Issue _____

10. If a college transcript is required and is not submitted herewith, will you please have transcript(s) forwarded? YES _____ NO _____
 11. Do you have a valid N.Y.S. motor vehicle operator's license? YES _____ NO _____
 If yes, class _____ number _____ date of expiration _____

12. **LICENSES** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following questions: If not currently licensed check this box

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

13. **DESCRIPTION OF EXPERIENCE**

Beginning with the most recent, describe below in detail ALL employment. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8½" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind or working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT Mo. Yr / To / From / To /	Firm Name	Address	City and State
EARNINGS (Circle One) \$ /Wk/Mo/Yr	DESCRIBE DUTIES BELOW		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT Mo. Yr / To / From / To /	Firm Name	Address	City and State
EARNINGS (Circle One) \$ /Wk/Mo/Yr	DESCRIBE DUTIES BELOW		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
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From	Mo. / Yr	To	Mo. / Yr			
EARNINGS (Circle One)				DESCRIBE DUTIES BELOW		
\$	/Wk/Mo/Yr					
TYPE OF BUSINESS						
YOUR EXACT TITLE						
SUPERVISOR'S NAME & TITLE						
REASON FOR LEAVING						
No. of hours worked per week (exclusive of overtime)						
LENGTH OF EMPLOYMENT				Firm Name	Address	City and State
From	Mo. / Yr	To	Mo. / Yr			
EARNINGS (Circle One)				DESCRIBE DUTIES BELOW		
\$	/Wk/Mo/Yr					
TYPE OF BUSINESS						
YOUR EXACT TITLE						
SUPERVISOR'S NAME & TITLE						
REASON FOR LEAVING						
No. of hours worked per week (exclusive of overtime)						
LENGTH OF EMPLOYMENT				Firm Name	Address	City and State
From	Mo. / Yr	To	Mo. / Yr			
EARNINGS (Circle One)				DESCRIBE DUTIES BELOW		
\$	/Wk/Mo/Yr					
TYPE OF BUSINESS						
YOUR EXACT TITLE						
SUPERVISOR'S NAME & TITLE						
REASON FOR LEAVING						
No. of hours worked per week (exclusive of overtime)						
LENGTH OF EMPLOYMENT				Firm Name	Address	City and State
From	Mo. / Yr	To	Mo. / Yr			
EARNINGS (Circle One)				DESCRIBE DUTIES BELOW		
\$	/Wk/Mo/Yr					
TYPE OF BUSINESS						
YOUR EXACT TITLE						
SUPERVISOR'S NAME & TITLE						
REASON FOR LEAVING						
No. of hours worked per week (exclusive of overtime)						

REMARKS REGARDING EXPERIENCE OR EDUCATION:

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or wire this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing give the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a Handicapped Person (require special arrangements in order to participate in the examination(s)), you must notify the agency no later than the last date of filing for the examination. Your request must include the examination number and title and the type of special arrangements required. Check one:

- Religious Observer
- Handicapped Person

E. VETERANS CREDITS

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully:

Check the appropriate box below and answer questions A – F. Failure to do so, accurately and completely, may result in a denial of your claim.

- Disabled War Veteran
- Non-Disabled War Veteran

OR

The armed forces expeditionary medal, navy expeditionary medal, or marine corps expeditionary medal for: YES NO

- Hostilities in Lebanon...June 1, 1983-December 1, 1987
- Hostilities in Grenada... October 23, 1983-November 21, 1983
- Hostilities in Panama...December 20, 1989-January 31, 1990

D. Are you currently a resident of New York State? YES NO

E. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-D and a "NO" answer to question 10E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question C.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

Please submit a copy of your DD-214 verifying the character of your discharge and dates of service.

Branch of Service

FROM: _____ TO: _____

Dates of Military Service

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

REMARKS:

Section 50b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?

.....YesNo

If yes, are you presently in default?

.....YesNo

A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time basis other than active duty for training purposes.) YES NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

C. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO

- World War I...April 6, 1917-November 11, 1918
- World War II...December 7, 1941-December 31, 1946
- Korean Conflict...June 27, 1950-January 31, 1955
- Vietnam Conflict...December 22, 1961-May 7, 1975
- Persian Gulf Conflict...August 2, 1990-the date upon which such hostilities end

OR

Commissioned corps of the US public health services; YES NO
July 29,1945-September 1, 1945 and June 26, 1950- July 3, 1962.

WAYNE COUNTY SHERIFF'S DEPARTMENT

Criminal Record Check Waiver Only

I, _____, having been born on ___/___/___, do hereby grant permission to the Wayne County Sheriff's Department to inquire into my financial and/or personal background to determine if I have ever been arrested for, or convicted of a crime. This information is for the purpose of a job application, and I hereby agree that this information can be released to the Williamson Central School District, PO Box 900, Williamson, NY 14589.

Date

Signature

Date

Signature of Witness, Title

PRINT ALL INFORMATION REQUESTED BELOW

In order to obtain the requested information, please complete the following:

Last Name _____ First Name _____ M.I. _____

Maiden Name and/or Aliases _____

Social Security # _____ Place of Birth _____

Nationality _____

FOR DEPARTMENT USE ONLY

A RECORD CHECK WAS CONDUCTED FROM THE INFORMATION SUPPLIED ABOVE AND THE FOLLOWING WAS DETERMINED:

DATE _____ OFFICER'S SIGNATURE _____

NAME _____

DATE _____

PLEASE COMPLETE AND ATTACH TO YOUR APPLICATION

POSITION APPLYING FOR _____

Are you interested in substitute employment?

Yes _____

No _____

If you are interested in substitute employment, please indicate your choices:

Clerical _____

Teacher Aide _____

Food Service Helper _____

Cleaner (Evenings only) _____

Monitor: Bus _____

Study Hall _____

Playground/Classroom _____

Bus Driver _____

I wish to substitute in:

Business/District Office _____

Elementary School _____

Middle School _____

High School _____

Bus Garage _____

References:

Please list three individuals who are familiar with your personal qualities and job performance.

NAME	Business/ Organization	Phone Number	Relationship (Supervisor/ Co-Worker)