

**Lyons Central School District
Mission Statement**

The Lyons Central School District including its entire staff and community, is dedicated to the education of the total student. Together, we are committed to the development of the students academic, emotional, social, and physical well being. Our educational system supports the individual person as a whole person and affords students the opportunity to develop their potential to become productive, responsible members of society.

Lyons Central School
9 Lawrence Street
Lyons, N. Y. 14489
315-946-4214

Application For Support Staff in Lyons Central School

Date _____

1. Name _____ Social Security No. _____

Address _____ Home Phone _____

City _____ Work Phone _____

State _____ Zip _____ County _____

2. Position Desired _____ Pay Expected _____

3. Date available to begin work ____ Type of employment ____ Full Time ____ Part Time
____ 10 Months ____ 12 Months

4. Civil Service Rating, If any _____

5. Have you ever applied for employment with us? ____ If yes: Month and Date _____

6. Are you a Citizen in the United States? _____

7. Have you ever been convicted of a crime in the past ten years, excluding minor traffic offenses? _____

8. . Are any criminal charges or proceedings pending against you?

If yes to either or both of the above, please explain on a separate sheet.

N.Y.S. Human Rights Law prohibits discrimination because of age, national origin, Race, Religion, or Sex

AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name and Location of School	Course Of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Elementary				Yes No	
High				Yes No	
College				Yes No	
Other				Yes No	

License(s) Held _____ Effective Date _____

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

References

(Give references who have first-hand knowledge of your character, scholarship and job ability)

1. _____
2. _____
3. _____

Employment Experience

List most recent experience first

Name and Address of Employer	Supervisor's Name and Title	From		From		Reason for leaving
		Month	Year	Month	Year	
				Annual Salary		
	Phone ()					
Describe in detail the work you did						

Name and Address of Employer	Supervisor's Name and Title	From		From		Reason for leaving
		Month	Year	Month	Year	
				Annual Salary		
	Phone ()					
Describe in detail the work you did						

Name and Address of Employer	Supervisor's Name and Title	From		From		Reason for leaving
		Month	Year	Month	Year	
				Annual Salary		
	Phone ()					
Describe in detail the work you did						

Indicate employers above you do not wish contacted and why: _____

Have you ever been released or asked to resign from an employment position?

Please explain _____

Signature

I hereby 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 will be sufficient cause for disqualification or dismissal. If employed, I hereby authorize you to make any investigation of my personal history and financial credit record.

Dated _____ Signature of Applicant _____

Add by letter and /or resume any additional information that will give us a more complete estimate of you training, experience, character, and ability. Submission of a resume does not relieve you of the responsibility for completing all sections of the official application. Application information should be directed to Lyons Central School District, Business Office, 9 Lawrence Street, Lyons, New York 14489.

This application will be placed on file, for a period of two years, for consideration when vacancies arise. Should an interview be desired, you will be contacted.

