



105 Casey Road • P.O. Box 5000 • East Amherst, NY 14051-5000

## NON-INSTRUCTIONAL APPLICATION

The following person is designated to Coordinate Title IX compliance activities: Asst. Supt for Human Resources, telephone: 716.626.8051. The following person is designated to coordinate Section 504 compliance activities: Asst. Supt. for Exceptional Education and Student Services, telephone: 716.626.8061.

*Williamsville Central School District is an equal opportunity employer in compliance with all applicable laws including New York State Human Rights Law, Title IX, Title VII of the Civil Rights Act of 1964, the Equal Employment Opportunity Law, and section 504 of the Rehabilitation Act. Williamsville Central School District does not discriminate against any person on the basis of age, race, color, creed, national origin, marital status, religion, sex, sexual orientation, military/veteran status, or disability.*

### POSITION APPLIED FOR:

Posting # \_\_\_\_\_

If applying for a substitute position, please indicate area of interest:

- Aide, Monitor, Clerical       Cleaner  
 Food Service Helper       Other \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
 \_\_\_\_\_

Years at above address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic offenses? \_\_\_\_\_

Are any criminal charges or proceedings pending against you? \_\_\_\_\_

*(If yes to either question, please explain on a separate sheet of paper)*

List any persons currently serving on our Board of Education or working for the district who are related to you.  
 \_\_\_\_\_

List persons working for us who know you. \_\_\_\_\_

### EDUCATIONAL PREPARATION

Name & Location of School	Major	Minor	Diploma or Degree
HIGH SCHOOL _____			
COLLEGE _____			
SPECIAL TRAINING _____			

Use this space to summarize any information that will help describe your qualifications (i.e. special skills and abilities. Clerical applicants indicate office machines and computer programs operated.).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

*List most recent experience first • List all prior employers • Use additional sheet or attach resume if needed.*

Name and Address of Employer	Supervisor's Name and Title	FROM		TO		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
		Annual Salary				
	Phone (     )					

Job title and description of work you did \_\_\_\_\_  
 \_\_\_\_\_

		Annual Salary			
	Phone (     )				

Job title and description of work you did \_\_\_\_\_  
 \_\_\_\_\_

		Annual Salary			
	Phone (     )				

Job title and description of work you did \_\_\_\_\_  
 \_\_\_\_\_

		Annual Salary			
	Phone (     )				

Job title and description of work you did \_\_\_\_\_  
 \_\_\_\_\_

List any employers you do not wish us to contact \_\_\_\_\_

## REFERENCES

*Give the names of three references who have closely observed your work as an employee. Recommendations by present and former supervisors are preferred.*

PLEASE PRINT	1	2	3
Name			
Position			
Telephone	(     )	(     )	(     )
Email			

I certify that my answers contained in this employment application are true and complete to the best of my knowledge. I understand that omissions or providing false or incorrect information is grounds for disqualification or discharge from employment regardless of when discovered.

I authorize Williamsville Central Schools to conduct a background investigation in order to assess my eligibility for a position of employment. I authorize all persons who may have information relevant to this investigation to disclose it to Williamsville Central Schools or their agents, and I release all persons from liability on account of such disclosure. I understand that the investigation may include verification of past employment, education, residential history, criminal record and opinions of reference.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*