



EMPLOYMENT HISTORY: Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

<p>_____ Company name</p> <p>_____ Address</p> <p>_____ Name of Supervisor</p> <p>State job title and describe your work:</p>	<p>_____ Telephone</p> <p>Employed (Month &amp; Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving:</p>
<p>_____ Company name</p> <p>_____ Address</p> <p>_____ Name of Supervisor</p> <p>State job title and describe your work:</p>	<p>_____ Telephone</p> <p>Employed (Month &amp; Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving:</p>
<p>_____ Company name</p> <p>_____ Address</p> <p>_____ Name of Supervisor</p> <p>State job title and describe your work:</p>	<p>_____ Telephone</p> <p>Employed (Month &amp; Year)</p> <p>From _____ to _____</p> <p>Weekly pay: Start \$ _____ Last \$ _____</p> <p>Reason for Leaving:</p>

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION. ACCURATELY COMPLETE ALL INFORMATION CATEGORIES.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List home address(es) for the past six years:

DATE

From \_\_\_\_\_ to \_\_\_\_\_

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From \_\_\_\_\_ to \_\_\_\_\_

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From \_\_\_\_\_ to \_\_\_\_\_

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From \_\_\_\_\_ to \_\_\_\_\_

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From \_\_\_\_\_ to \_\_\_\_\_

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From \_\_\_\_\_ to \_\_\_\_\_

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### NOTICE TO APPLICANTS

The following information must be submitted simultaneously with this application form and be on file before the application may be processed for board approval.

PLEASE ATTACH TO THIS APPLICATION:

- Resume
- Three (3) Letters of Reference
- BCI and FBI Background Checks
- Certificate (Educational Aide only)

Bus Driver position only:

- Resume
- Three (3) Letters of Reference
- BCI and FBI Background Checks
- Physical
- Hearing Test
- Abstract
- Copy of Driver's License
- Drug Screening

**APPLICANT'S STATEMENT**

Permission is hereby granted to the New Lebanon Local Schools, its agents and/or employees, by the undersigned, to conduct such reference, education, employment, and any other agency checks as they may collectively or individually feel are necessary to consider me for employment.

Furthermore, as a condition of employment, I understand that any false and misleading information given in my application, resume, transcript, certificate, other additional information or interview(s) may result in discharge.

I also understand that my employment is conditioned upon the completion of a criminal record check acceptable to the Board of Education of the New Lebanon Local School District. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board without any type of hearing or statement of reasons for such action.

This condition applies only during my first year of employment in the New Lebanon Local School District.

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

\_\_\_\_\_  
Date

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Date application received \_\_\_\_\_

Interviewed by (initials/date)

Received by \_\_\_\_\_

\_\_\_\_\_