

Port Jefferson School District
550 Scraggy Hill Road
Port Jefferson, New York 11777

Application for Non-Teaching Positions

Position Desired: _____ Date: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

I. GENERAL INFORMATION:

Social Security # _____ NYS TEACH ID # _____

II. EDUCATION & PROFESSIONAL PREPARATION:

List High School, College, University, and/or Professional School Attended:

Level	Institution and Location	Major/Minor and Degree	Approximate GPA and Date
High School	Institution:	Major/Minor:	Approx. GPA:
	Location:	Degree:	Date:
Undergraduate	Institution:	Major/Minor:	Approx. GPA:
	Location:	Degree:	Date:
Graduate	Institution:	Major/Minor:	Approx. GPA:
	Location:	Degree:	Date:
Other	Institution:	Major/Minor:	Approx. GPA:
	Location:	Degree:	Date:

III. EMPLOYMENT HISTORY:

List all experience in reverse chronological order beginning with your present position.

Length of Employment From To	Firm Name	Address	City/State/Zip
	Duties:		
Type of Business			
Your Exact Title			
Supervisor's Title			

Length of Employment From To	Firm Name	Address	City/State/Zip
	Duties:		
Type of Business			
Your Exact Title			
Supervisor's Title			

Length of Employment From To	Firm Name	Address	City/State/Zip
	Duties:		
Type of Business			
Your Exact Title			
Supervisor's Title			

IV. REFERENCES

Please list at least three supervisors or other persons (not related) for reference.

Name	Title	Phone Number
		(H) (C) Email
		(H) (C) Email
		(H) (C) Email
		(H) (C) Email
		(H) (C) Email

V. ACTIVITIES

Please list those activities below in which you have participated. Briefly describe the nature and extent of your participation.

Honors (high school, college, community, professional):

Membership in professional and community organizations:

Special skills (athletics, music, drama, art, etc.):

Special interests or hobbies:

Experience or interest in student activities (after-school activities, clubs, tutoring, counseling, etc.):

VI. **OTHER**

Driver's License: Circle the class of your New York State Motor Vehicle License:

A B C D 1 2 3 4 5 6 Date of expiration: _____

Are you related by blood or marriage to any current employee? Yes _____ No _____

Are you a volunteer firefighter? Yes _____ No _____

If yes, what department are you a member of? _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of child abuse? Yes _____ No _____

Have you ever been fired from a position? Yes _____ No _____

Veterans' Credits

Veteran of Armed Forces? (Y/N) _____ Yes _____ No

Disabled Veteran _____ Yes _____ No

Spouse of a disabled Veteran _____ Yes _____ No

If you responded yes to the above:

What branch of the military? _____

When did you serve? From _____ to _____

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I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I hereby grant permission to my former employers to release or communicate information regarding my performance and their perceptions of my employment history to the Port Jefferson School District, and I do hereby indemnify those employers against any damages or liabilities stemming from the provision of such information.

Signature: _____ Date: _____

An Equal Opportunity/Affirmative Action Employer

In compliance with Title IX of the Education Amendments of 1972, the Board of Education of the Port Jefferson School District does not discriminate on the basis of sex, race, color, religion, age, disability or national origin in employment, educational programs or activities which it operates.