

ONONDAGA CENTRAL SCHOOL

Date ____ / ____ / ____

Non-Instructional Employment Application

Supplemental Application to accompany Civil Service Application P-200

Non - Instructional Services
4479 S. Onondaga Road
Nedrow, New York 13120

Position Applying For: _____
Full-time _____ Part-time _____ Substitute _____

Name: _____ Social Security # _____

Address: _____ Telephone (____) _____

City: _____ Zip _____

Have you ever been employed with the Onondaga Central School District before? Yes No

Do you now or have you ever belonged to the New York Employees' Retirement System?

Yes No If yes, provide member number and date of membership _____

Have you been fingerprinted for the NYS Education Department? Yes No

List any impairment, physical, mental or medical, which might interfere with your ability to perform the specific duties of the position(s) for which you are applying: _____

Have you ever been convicted of any misdemeanor or felony crime? If yes, please provide date(s) and a brief description (answering yes does not constitute an automatic bar to employment): _____

Describe fully the work you have performed and training you have as it pertains to the position you are applying for:

REFERENCES: Return the application with three (3) written, signed reference letters **AND** list below three (3) persons who you know personally (not relatives).

Name

Address

1) _____

Years Known ____ Occupation _____ Phone # _____

2) _____

Years Known ____ Occupation _____ Phone # _____

3) _____

Years Known ____ Occupation _____ Phone # _____

BUS DRIVER APPLICANTS COMPLETE THIS SECTION – EVERYONE SIGN BELOW:

Are you at least 21 years of age? Yes No

Do you have a valid New York State driver’s license? Yes No

Do you currently have a CDL license? Yes No

Driver’s license number _____ Expiration date _____

Class A () Class B () Class C () Class D () Passenger Endorsement ()

Restrictions _____

Have you ever had a driver’s license suspended, revoked, or cancelled? Yes No

If yes, please explain: _____

Have you held a license in another state during the last three (3) years? Yes No

Have you ever driven a school bus or similar type bus? Yes No

School Bus ___ Passenger Bus/Heavy Truck _____ Station Wagon/Light Truck ___

How many years have you driven? _____

Have you ever attended an approved School Bus Driver Training course? Yes No

If yes, give date, place, duration and type of course: _____

Have you had any type of vehicle accident in the past 5 years? Yes No

If yes, give date and describe the extent of the accident(s): _____

Have you been convicted of a moving violation in the past 5 years? Yes No

If yes, please provide details: Date, charge, disposition and court and location: _____

Have you ever been convicted of a DUI, DWI or DWAI? Yes No

If yes, please describe: _____

Do you use illegal drugs? Frequently _____ Seldom _____ Never _____

Have you ever been disciplined for violating a company policy regarding the use of alcohol, drugs or tobacco products? Yes No

Note: All applicants must pass a criminal background check and be fingerprint cleared. Bus drivers must also pass a physical examination and drug test.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Signature: _____ Date: _____

ONONDAGA CENTRAL SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER

Name _____

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

License Do you possess a license to practice a trade or profession? YES NO License/certificate# _____
 Name of trade or profession _____ Licensing Agency _____
 City/State _____ Original Issue Date _____ Expiration Date _____

Driver's License (Complete only if the position for which you are applying requires one.) Number _____
 Date of Expiration _____ Class of license _____ Endorsements _____ Restrictions _____

School Bus Driver candidates: Date of Birth: _____

Experience: You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially.

SOCIAL SECURITY #: _____

EXAM TITLE: _____

EXAM DATE: _____

MALE

FEMALE

White/Non-Hispanic

Black

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.