

LOCKPORT CITY SCHOOL DISTRICT 130 Beattie Avenue & Lockport, New York 14094 & 716-478-4820



CLASSIFIED POSITIONS

	Personal Information			
Last Name	First Name	Middle Initial _		
Address		Phone		
Alternate Address		Alternate Phone	Yes	s Ne
Have you ever been convicted of a	a crime? (If yes, please explain on a separate sheet)		
Are any criminal charges or proce	edings pending against you? (If yes, please explain	on a separate sheet)		
Are you legally authorized to work	in the United States?			
	d States Armed Forces? dishonorable discharge? (If yes, please explain on a e is not an absolute bar to employment; other factor		 ent	
Have you ever worked for the Locl	kport City School District in the past? ou hold and what were your dates of employment?			
Uncertified Substitute Teache School Nurse Substitute Nurse Teachers Aide Substitute Teacher's Aide	Certified Occupational Therapy Assista Lunch Monitor Breakfast Monitor Temporary Assistant Custodian Temporary Motor Equipment Operator	ant		r
Substitute Teaching Assistant	vailable for employment	ic		
	Education			
Name of High School				
Location				
Highest Grade Completed				
Name of College/University				
Location				
Degree Obtained				

(Please attach a copy of each certificate listed) Employment History (List Most Recent Employment First) Employer's Name/Address Phone		pecial Training/Certifications and L	List Special	
Employer's Name/Address Phone Immediate Supervisor's Name To Reason for Leaving Position Title & Responsibilities Phone Immediate Supervisor's Name Phone Immediate Supervisor's Name Phone Phone		attach a copy of each certificate liste	— (Please attach	
Immediate Supervisor's Name Phone Dates of Employment: From To Reason for Leaving Position Title & Responsibilities Employer's Name/Address Phone Immediate Supervisor's Name Phone Dates of Employment: From To Reason for Leaving Position Title & Responsibilities Have you ever been released from or asked to resign from employment? Yes If yes, explain on separate sheet.	Most Recent Employment First)	Employment Hist		
Immediate Supervisor's Name Phone Dates of Employment: From To		-	Employer's	
Reason for Leaving Position Title & Responsibilities Employer's Name/Address Phone Immediate Supervisor's Name Phone Dates of Employment: From To Reason for Leaving Position Title & Responsibilities Have you ever been released from or asked to resign from employment?				
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Have you ever been released from or asked to resign from employment? If yes, explain on separate sheet. References		on Title & Responsibilities	Position Tit	
If yes, explain on separate sheet. References				
	from employment?			
Give the names of three individuals who have closely observed your work	eferences			
One must be from current/last supervisor.				
Reference #1 Reference #2 Reference #3	Reference #2 Reference #3	Reference #1		
Name Title				
Address		S		
City/State Phane		ate		

Three written letters of reference must be included. One should be from your most recent employer. (Seasonal employees need only submit one letter of reference.)

Personal Statement (Required)					
In your own writing, please tell us why you would be a good candidate for this position					
					
Notice to Applicants					
Unless the Lockport City School District (LCSD) is otherwise informed, your signature on this application form will be considered an authorization to fully investigate your background and credentials. Accordingly, by signing the application form you will also authorize all persons and entities, including but not limited to all current and former employers and all schools, colleges or universities that you have ever attended, and all other agents, representatives and employees, to release any and all information concerning your employment, educational and academic history.					
All properly completed and valid applications may be retained for up to twelve (12) months. If after that time you still wish to be considered for employment, then please inform us in writing. Please ensure that all information provided on this application form, and all other information provided in connection with your application for employment, is complete, accurate and true. Please immediately inform the LCSD, in writing, of any changes in any of the information provided on this application form or otherwise provided in connection with your application for employment. Letters should be sent to the Personnel Office, Lockport City School District, 130 Beattie Avenue, Lockport, New York 14094.					
If you are hired, your employment will be at-will (subject to termination at any time) and your service will be at the pleasure of the LCSD, except as expressly provided for by statute.					
APPLICANT'S AGREEMENT, CERTIFICATION AND AUTHORIZATION					
I have read, and am in agreement with, all of the foregoing terms and provisions. I certify that all information provided on this application form, and all other information provided in connection with my application for employment, is complete, accurate and true. I understand that the provision of any false or misleading information or any omission will, even if discovered after I am hired, constitute grounds for disciplinary action that may include termination of employment.					
I hereby authorize all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives and employees, to release any and all information concerning my employment, educational and academic history, or any other information bearing upon my fitness and qualifications for the position for which I am applying. I voluntarily and knowingly release from any and all liability, any person or entity providing such information about me. The information that may be disclosed and released by my current and former employers and their agents, representatives and employees, includes but is not limited to: Any and all information concerning my job performance; any and all information from copies of all performance evaluations and other correspondence, records and notes commenting on any aspect of my job performance; and any and all information from and copies of my attendance records. A photocopy of this authorization (signature) shall be as valid as the original.					

The Lockport City School District (LCSD) does not discriminate against any employee, student, applicant for employment or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, military status, marital status, sexual orientation, disability or any other classification protected by law (including, with respect to employees and applicants for employment, genetic predisposition or carrier status), unless based upon a bona fide occupational qualification or otherwise provided for by law. Any person wishing to obtain information about the LCSD procedures for grieving alleged civil rights violations may do so by contacting the Title IX Compliance Officer, 130 Beattie Avenue, Lockport, New York 14094; (telephone number (716) 478-4629, (716) 478-4722, (716) 478-4401).

Date _

Applicant's Signature _