



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 No

Have you ever been convicted of a crime? (If yes, please explain on a separate sheet) Yes No

Are any criminal charges or proceedings pending against you? (If yes, please explain on a separate sheet) Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever served in the United States Armed Forces? Yes No

- If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet) Yes No
 [A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision]

Have you ever worked for the Lockport City School District in the past? Yes No

- If yes, what position did you hold and what were your dates of employment? _____

List any persons currently serving on our Board of Education or working for the District who are related to you or who you know _____

List any other names by which you have ever been known _____

Position(s) for which you would like to be considered

- | | | |
|---|---|---|
| <input type="checkbox"/> Uncertified Substitute Teacher | <input type="checkbox"/> Certified Occupational Therapy Assistant | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Lunch Monitor | <input type="checkbox"/> Laborer (Seasonal) |
| <input type="checkbox"/> Substitute Nurse | <input type="checkbox"/> Breakfast Monitor | <input type="checkbox"/> Substitute Lunch monitor |
| <input type="checkbox"/> Teachers Aide | <input type="checkbox"/> Temporary Assistant Custodian | <input type="checkbox"/> Substitute Breakfast Monitor |
| <input type="checkbox"/> Substitute Teacher's Aide | <input type="checkbox"/> Temporary Motor Equipment Operator | <input type="checkbox"/> Substitute Clerical |
| <input type="checkbox"/> Substitute Teaching Assistant | <input type="checkbox"/> Temporary Bldg. Maintenance Mechanic | <input type="checkbox"/> Other _____ |

Date by which you would be available for employment _____

Education

Name of High School _____

Location _____

Highest Grade Completed _____

Name of College/University _____

Location _____

Degree Obtained _____

Name

Job Title

List Special Training/Certifications and Licenses

(Please attach a copy of each certificate listed)

Employment History (List Most Recent Employment First)

Employer's Name/Address _____ Phone _____

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 No
▪ If yes, explain on separate sheet.

References

Give the names of three individuals who have closely observed your work.
One must be from current/last supervisor.

	Reference #1	Reference #2	Reference #3
Name			
Title			
Address			
City/State			
Phone			

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.)

