



# 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)

Are any criminal charges or proceedings pending against you? (If yes, please explain on a separate sheet)

Are you legally authorized to work in the United States?

Have you ever served in the United States Armed Forces?

- If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet)    
 [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?

- 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**

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(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 \_\_\_\_\_ Annual Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position Title & Responsibilities \_\_\_\_\_

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Employer's Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Position Title & Responsibilities \_\_\_\_\_

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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.)**

**Personal Statement (Required)**

In your own writing, please tell us why you would be a good candidate for this position

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**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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 Christopher Arnold, Title IX Compliance Officer, 130 Beattie Avenue, Lockport, New York 14094; (telephone number (716) 478-4849).**