



SKANEATELES CENTRAL SCHOOL
55 EAST STREET
SKANEATELES, NY 13152



We are an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including: Race, Creed, Color, Age, Sex, Religion or National Origin.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME:

Last

First

Middle

PRESENT ADDRESS

Street

City

State

Zip

PERMANENT ADDRESS

Street

City

State

Zip

PHONE NO. _____ SOCIAL SECURITY NO. _____

EMPLOYMENT POSITION DESIRED _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS SCHOOL BEFORE? _____ WHERE _____ WHEN _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Have you ever been convicted in a court of law? _____ If yes, indicate: _____
Date _____ Offense _____ Disposition _____

U.S. MILITARY SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

DRIVER'S LICENSE _____ CLASS _____ IDENTIFICATION NO. _____

CUSTODIAL AND MAINTENANCE APPLICATIONS: CHECK - YES or NO

Would climbing a 36 ft. ladder or working on top of a 24 ft. scaffold bother you in any way? YES _____ NO _____

Are you willing and able to do heavy cleaning tasks and furniture moving? YES _____ NO _____

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

(CONTINUED ON OTHER SIDE)

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year:

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD: List any physical defects: _____

Were you ever injured? _____ Give details _____

Have you any defects in Hearing? _____ In Vision? _____ In Speech? _____

Have you ever been under professional medical care for emotional or mental illness? _____

If yes, indicate date (s) _____ and diagnosis _____

What is the date of your last physical examination? _____

Have you any objections to having a complete physical examination by a school approved physician at the school district expense?

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

To Be Completed Day Employment Begins:

Date _____

Height _____ Weight _____ Age _____ Date of Birth _____

Single _____ Married _____ Widowed _____ Citizen USA _____ Sex _____

THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ETC. AND NOT FOR HIRING PURPOSES.

Interviewed by _____ Date _____

Remarks _____

Neatness _____ Character _____

Personality _____ Ability _____

Retirement System No. _____ Will Begin _____ Salary _____

APPROVED:

1. _____ 2. _____ 3. _____
Supervisor Administrator Other

**GRIEVANCE PROCEDURE FOR ANTI- HARASSMENT
AND ANTI-DISCRIMINATION
(TITLE IX, SECTION 504 GRIEVANCE POLICY)**

The Skaneateles Central School District is committed to creating and maintaining a working and learning environment which is free of discrimination and intimidation, based upon the principle that every individual is entitled to be treated with dignity and respect, and recognition that harassment and discrimination are a violation of law and the District's policy. The District strictly prohibits communication (verbal, written or graphic) or physical conduct that constitutes harassment or discrimination based on an individual's actual or perceived race, color, creed, religion, national origin, political affiliation, sex, sexual orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality or asexuality, whether actual or perceived), age, marital status, military status, veteran status, weight, ethnic group, religious practice, gender or disability. The District also prohibits harassment based on an individual's opposition to discrimination or participation in a related investigation or complaint proceeding under the antidiscrimination statutes. Claims of Harassment or Discrimination should be sent to: Jennifer Whipple, Director of Learning, 72 State Street Street, Skaneateles, NY 13152. jwhipple@skanschools.org 315-291-4339