



Rush-Henrietta Central School District

2034 Lehigh Station Road ■ Henrietta, New York 14467
TEL: [585] 359-5040 ■ FAX: [585] 359-5022 ■ Web Site: www.rhnet.org

Name: _____
Last First Middle

Legal Address: _____
Street City Zip Code County

Telephone Number: _____ Email Address: _____

Check type of position desired:

- Bus Driver
- Building Maintenance
- Cafeteria Monitor
- Teacher Aide
- Clerical
- Day Care Aide
- Food Service Helper

Have you worked for Rush-Henrietta School District before? ____ Yes ____ No
If yes, give dates and locations: _____

Are you currently on any Civil Service eligible list?
Yes ____ No ____ If yes, give list and title: _____

Are you a member of the New York State Retirement System? ____ Yes ____ No (If you are not currently a member of the New York State Retirement System, you may elect to join; if hired)

Have you been fingerprinted through NYS Education Office [TEACH]? ____ Yes ____ No

Other: _____

Full-Time Part-Time Substitute

PROFESSIONAL REFERENCES

Name	Position	Address	Telephone

Give the names of those who have closely observed your work and who can attest to your character and ability. Please do not list relatives or friends.

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Any falsification, misrepresentation or omission, if subsequently discovered, may result in disqualification or dismissal.

Signature

Date

YES **NO**

Have you been a resident of Monroe County for the past four months?

Will you accept temporary work?

Will you accept part-time work?

Do you have a valid New York State Driver's License?
If so, what class? _____

Are you an exempt volunteer firefighter?

Are you a citizen of the United States?
If no, do you have a legal right to work in the U.S.?

Have you served in the Armed Forces of the U.S.A.?

Date of entry into active service: _____

Date of release from active service: _____

Service Serial Number: _____

Were you ever removed from any type of employment?

Were you ever convicted of any violation of law other than a minor traffic violation?

Can you perform the essential functions of the position for which you are applying (with or without accommodations)?

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of the State or any of its civil divisions from an eligible list as a result of additional veteran's credits granted you on such list? (If answer is "YES" name agency that established the list) _____

Do you have a license, certificate, or other authorization to practice a trade or profession?

Name of trade or profession: _____

License Number: _____

City or State of license: _____

Licensed from: _____ to: _____

If permanent, state so: _____

Education:

YES

NO

Have you received a High School or General Equivalency Diploma?

If no, check the highest grade completed: 8 9 10 11 12

Schools attended above high school level

Name of School	Location (State)	Course of Major Studies	Credits Completed		Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	

Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment.

Start Date _____ Ending Date _____
Mo/Day/Year Mo/Day/Year

Name & address of present or last employer: _____

Salary: _____ Hours worked per week: _____

Reason(s) for leaving: _____

Immediate supervisor's name: _____ Title: _____ Phone: _____

Your job title: _____

Description of duties: _____

Work Experience (continued)

Start Date _____ Ending Date _____
Mo/Day/Year Mo/Day/Year

Name & address of present or last employer: _____

Salary: _____ Hours worked per week: _____

Reason(s) for leaving: _____

Immediate supervisor's name: _____ Title: _____ Phone: _____

Your job title: _____

Description of duties: _____

Start Date _____ Ending Date _____
Mo/Day/Year Mo/Day/Year

Name & address of present or last employer: _____

Salary: _____ Hours worked per week: _____

Reason(s) for leaving: _____

Immediate supervisor's name: _____ Title: _____ Phone: _____

Your job title: _____

Description of duties: _____

If you have any additional working experience, please give information on attached sheet in the same format, and label it with your name and social security number. Volunteer experience should be documented by statement of verification from agency representative regarding number of hours worked per week and activities performed.