

**Florida Union Free School District**  
**S.S. Seward Memorial Building**  
**51 North Main Street**  
**P.O. Drawer 757**  
**Florida, New York 10921-0757**

**SUPPORT STAFF  
APPLICATION**

Date \_\_\_\_\_

Position Applying For \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Present Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Permanent Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Zip Code) (Include Area Code)

Email: \_\_\_\_\_ Years at the above address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you over the age of 18? Yes  No

Do you have any impairment, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes  No  If yes, what provisions would the district need to make? Explain.

Are you a U.S. citizen? Yes  No  If no, have you filed a declaration of intention to become a citizen? Yes  No

Have you ever been convicted of a crime excluding minor traffic offenses? Yes  No  If yes, explain. \_\_\_\_\_

Are you an honorably discharged veteran? Yes  No   
Are you an exempt volunteer fireman? Yes  No

**WORK ABILITY**

Type of Work:  Full Time  Part Time  Substitute

Will you work daily overtime if necessary? Yes  No  Comment: \_\_\_\_\_

List any special skills you may have (typing, machine operation, etc.) \_\_\_\_\_

## EDUCATION

Name and Location of School	No. of Years Attended	Did you Graduate?	Course of Study
Elementary School			
High School			
Vocational/Technical/Trade			
College			
Graduate School/Degree			
List any Honors or Special Activities as a Student			

## SUPPLEMENTARY EDUCATION AND TRAINING

Title of Course (Day or Evening)	Where Taken	Yrs.	Mos.	Skills Learned
List any Licenses or Certificates You May Have				

## U.S. MILITARY SERVICE

Have you had U.S. Military Service? Yes  No  If yes, which branch? \_\_\_\_\_

Active  Reserve  Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Rank held at discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Any military experience applicable to employment desired? Please describe.

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## EMPLOYMENT HISTORY

List all former full time and part time employers beginning with the most recent. Use additional sheet if needed.

Name of Present or Last Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Starting Date		Leaving Date		Reason for Leaving	May We Contact?
Month	Year	Month	Year		

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Description of your duties \_\_\_\_\_

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Starting Date		Leaving Date		Reason for Leaving	May We Contact?
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Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Description of your duties \_\_\_\_\_

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Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Starting Date		Leaving Date		Reason for Leaving	May We Contact?
Month	Year	Month	Year		

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Description of your duties \_\_\_\_\_

## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position/Relationship to You	Address & Telephone No.

## APPLICANT'S STATEMENT

Give any additional information which you think might be of value in considering you for a position.

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*The facts set forth above in my application are true and complete, and I hereby authorize you to make any investigation necessary to verify the information provided in this application. I understand and agree that any false statement in this application shall be sufficient cause for rejection of this application or, if employed, sufficient cause for dismissal, subject to applicable provisions of law. Further, if employed, I understand and agree that my employment is for no fixed or definite period and that I may be terminated at any time for any or no reason, subject to the applicable provisions of law.*

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

*Please return completed application to:*

Office of the Superintendent  
S.S. Seward Memorial Building  
51 North Main Street  
P.O. Drawer 757  
Florida, New York 10921-0757  
(845) 651-3095