

District Office

2083 College Avenue
 Elmira Heights, NY 14903
 Mary Beth Fiore, Superintendent
 Phone: (607) 734-7114
 Fax: (607) 734-7134
 CSE: (607) 734-5078
 Transportation: (607) 739-1358
www.heightsschools.com

EMPLOYMENT APPLICATION

Position Preference

<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Substitute
<input type="checkbox"/> Bus Attendant	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer

Personal Information

Name _____
 Last First Middle

Present Address _____ Telephone (home) () _____
 _____ Telephone (cell) () _____

Email _____ Social Security Number _____

Have you ever been convicted of a crime? If yes, give details _____

Do you have any disability which would interfere with your performing the duties of this position? _____

Are you eligible to work in the United States? Yes No

Licenses

Class of Driver's License _____ Expiration Date _____

Motorist Identification Number _____ State of Issuance _____

How many years have you driven? _____

Driving Experience

Active Driving Experience _____ years

Passenger Bus Experience _____ years

Heavy Truck Experience _____ years

Light Truck/Van Experience _____ years

Enter with high expectations – leave with confidence and pride.

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Other

Have you ever had an accident while driving in the past five (5) years that resulted in injuries to yourself or others? Yes No

If yes, describe extent of accident(s) _____

Have you ever been convicted of any moving traffic violations, ex. Reckless driving, speeding, etc.? Yes No

If yes, give details (Date, Charge and Court/Location) _____

Have you ever had convulsions or periods of unconsciousness? Yes No

Have you ever attended a Bus Driver Training Course? Yes No Other such courses? Yes No

If yes, give date, location and duration of each course _____

Did you receive a certificate? Yes No

Education and Professional Training

	School Name/ Location	Dates Attended	Date of Completion	Degree or Diploma	GPA	Major/Minor
High School						
College (Undergraduate)						
College (Graduate)						
Other						

Work Experience

Dates From/To	Employer & Address	Title, Nature of Work	Reason for Leaving	Name of Supervisor

When would you be available for a position in Elmira Heights? _____ Salary Desired _____

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References

Name	Position	Address	Telephone Number

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for subsequent dismissal from employment if I am hired. I also agree to notify the Elmira Heights Central School District of any material changes in the information provided on this application. I hereby consent to have the Elmira Heights Central School District contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. Further, I hereby authorize my former employer/s, reference/s, and any other individual or organization to provide information solicited by the Elmira Heights Central School District, and I hereby release and discharge each of the above, including the Elmira Heights Central School District, from any liability of any kind or nature and waive all rights to bring any action for defamation, invasion of privacy, or any similar course of action against anyone contacted as a result of what he or she may say about me.

The Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice and the Federal Bureau of Investigation. Employment may be offered prior to receipt of fingerprint clearance. Continued employment is contingent upon clearance from the State Education Department.

SIGNATURE OF APPLICANT

DATE

The following documents **must** be received in order for your application to be processed:

1. Application
2. Release of Information (witnessed)
3. Affidavit (notarized)
4. Ospra 102 (if previously fingerprinted)
5. Letter of Interest
6. Resume
7. 3 Letters of Reference
8. Transcript(s) (if applicable)
9. Certification(s) (if applicable)

RETURN TO:

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT
Human Resources
2083 College Avenue
Elmira Heights, NY 14903

A PRE-EMPLOYMENT DRUG TEST IS REQUIRED

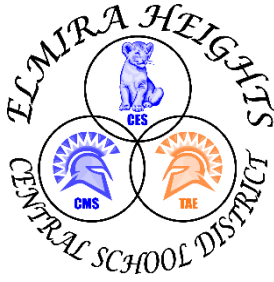
Office Use Only

Date Received _____	Date Appointed _____
Date Interviewed _____	Step-Salary _____
Interviewers _____	PD Release _____
Transcript Received _____	Fingerprints _____
Registry Notified _____	Entered in Access _____

The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

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RELEASE OF INFORMATION

I, _____, Residing at _____
First Name MI Last Name Applicant's address

city, state, zip

declare, subject to the penalties of perjury, that the statement made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

I further authorize the release of any and all information about myself from any source deemed necessary, prior to being considered for appointment within the Elmira Heights Central School District. This release includes all or any one of the following: former employers, listed references, Central Registry for Child Abuse and Neglect, Chemung County Department of Social Services, Chemung County Sheriff's Department, local Police Departments, New York State Police and any police agency from areas of former residence.

I further state that to the best of my knowledge:

I **(have) or (have not)** ever been convicted of a crime **(misdemeanor / felony)** in this state or any
Circle One **Circle as applicable**

other jurisdiction.

Only relevant information obtained through this investigation shall be considered for employment purposes.

Date of Birth

Applicant Signature

Maiden **and** Previous Married Name(s)

Today's Date

Social Security #

Witness Signature

▶ ▶ **PLEASE HAVE YOUR SIGNATURE WITNESSED BEFORE RETURNING** ◀ ◀

Affidavit

Have you had your fingerprints taken?
If "yes" for which school district?

STATE OF NEW YORK
COUNTY OF CHEMUNG

_____, being duly sworn, deposes and says
Prospective Employee's Name

I am an applicant for a position as _____ in the Elmira Heights Central School District. I make the following representations as an inducement to EHCS D to consider and commence my employment.

1. I have been advised, and understand, that New York State Law requires, as part of the application process for the position, that I receive clearance for employment from the New York State Education Department.
2. I have been advised, and understand, that New York Law requires that, as part of the clearance process for employment, and as a condition to my employment by EHCS D, I be fingerprinted for purposes of a criminal history check.
3. I have forwarded my consent form, fingerprint cards, and the requisite fee to the New York State Department of Education as part of the clearance process.
4. Check the boxes that apply to each of the questions below:

- yes no Do you have a pending criminal charge in New York State?
- yes no Do you have a criminal conviction in New York State?
- yes no Do you have a pending criminal charge in a jurisdiction outside of New York State?
- yes no Do you have a criminal conviction outside of New York State?

5. I understand that my completion and submission of this Affidavit is just one part of the employment application process. I further understand that, even if the results of my criminal history check confirm my representations in the Affidavit, EHCS D has no obligation to employ me.
6. I certify that my statements in this Affidavit, to the best of my knowledge and belief, are true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for the EHCS D to refuse to hire me, revoke an offer of conditional employment, and/or terminate me if I have been hired.

Signature of Prospective Employee

Date

Sworn to before me this _____ day of _____

Notary Public

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