

LYME CENTRAL SCHOOL DISTRICT

INSTRUCTIONAL SUPPORT EMPLOYMENT APPLICATION

Karen M. Donahue  
Superintendent  
P.O. Box 219  
Chaumont, New York 13622-0219

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL INFORMATION:

Name:	Former Name(s):
Social Security #:	
Mailing Address:	Email address:
Home Phone:	
Work Phone:	
Are you a citizen of the United States? Yes _____ No _____	
Do you have any health condition that would impair your ability to perform the functions of the position for which you are applying? Yes _____ No _____	
If yes, please explain:	
Military Experience:	
Branch of Service: _____ Rank / Specialty: _____	
Dates of Service: From: _____ To: _____	
CIVIL SERVICE STATUS: Are you currently on an active Civil Service list? _____	
If yes, which list? _____	
MEMBER OF VOLUNTEER FIRE DEPARTMENT? _____ Name of Fire Company _____	

EMPLOYMENT HISTORY

Employer	From – To	Position	Supervisor	Reason for Leaving

## EDUCATION

School Name & Location	Course of Study	Diploma/Degree or Grade Completed

## EMPLOYER & PERSONAL REFERENCES

Name & Occupation	Address	Phone #

## LICENSES

I hold a New York State current license/registration for the following:

Area	Expiration Date

*Applicant must provide original NYS license/registration at time of hire.*

## OTHER INFORMATION

Indicate any skills, interests, hobbies, or awards and activities relevant to the position you applied for.

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### APPLICANT'S STATEMENT

I understand that Lyme Central School will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.

I authorize all individuals, schools, and employers mentioned therein to provide any information requested about me, and I release them from all liability or damage for providing this information.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the Lyme Central School Board of Education.

I certify that all statements herein are true, and understand that any falsifications or willful omissions shall be just cause for dismissal or refusal of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_