



JEFFERSON CENTRAL SCHOOL

1332 State Route 10 • Jefferson, New York 12093

(607) 652-7821 • Fax (607) 652-7806

www.jeffersoncs.org

Application For Volunteer Employment

SUBMISSION OF A RESUME DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT in BLUE or BLACK INK or TYPE)

POSITION PREFERENCE

VOLUNTEER POSITION APPLYING FOR: _____

DATE of APPLICATION: _____

PERSONAL INFORMATION

NAME: _____

FORMER NAME(S) _____

PERMANENT ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ EMAIL ADDRESS: _____

CERTIFICATION and PROFESSIONAL LICENSES

I hold the **New York State** Teaching and/or Administrative Certificate(s) described below: (provide copy/copies, please)

Area of Certification	Form certificate of qualification, initial, professional, provisional, or permanent	Date of Issuance	Expiration Date

If you are eligible for (but do not possess) a NYS Teaching Certificate, have you applied for one? Yes No

If certified in another state, please describe _____

Other professional licenses, certificates, or credentials held (including DMV CDL driver's license):

OTHER INFORMATION

Are you legally eligible for employment in this country?
(upon employment you will be asked to verify employment eligibility.) Yes No

Have you been previously fingerprinted pursuant to Part 87
of the Regulations of the Commissioner of Education?
(pre-employment or certification criminal background check?) Yes No

If you answer "yes" to any of the following questions, please offer explanation below.

Have you been convicted of a crime other than a traffic violation? Yes No

Have you been dismissed or asked to resign from a position? Yes No

Have you been dishonorably discharged from the armed services? Yes No

Has your teaching/administrative certification ever been terminated or temporarily suspended? Yes No

Explanation or Notes

EMPLOYMENT HISTORY

Please begin with most recent (or current) employer.

EMPLOYER	TELEPHONE
ADDRESS	
JOB TITLE	
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE	
REASON FOR LEAVING	
MAY WE CONTACT FOR A REFERENCE Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

EMPLOYER	TELEPHONE
ADDRESS	
JOB TITLE	
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REASON FOR LEAVING	
MAY WE CONTACT FOR A REFERENCE Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

REFERENCES

List at least three individuals (including at least one previous supervisor) having personal knowledge of your professional training, ability, experience and personal character. Include each individual's name, address, and telephone number.

Name	Position/Title	Address
_____	_____	_____
Phone	_____	_____
_____	_____	_____
Phone	_____	_____
_____	_____	_____
Phone	_____	_____

I hereby certify that the facts set forth in the above volunteer application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal regardless of when discovered.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for a period of one year from date of receipt and you will be considered for all positions to which you've applied during that one-year time period.

Date _____

Signature of Applicant: _____

For Office Use Only:

Volunteer Position Applied for: _____

Supervisor of Volunteer: _____

Volunteer Level: Level 1 Level 2 Level 3

Board of Education Approval: Yes No

Principal Signature: _____ Date _____

