

Lake Shore Central Schools

Evans-Brant Central School District
959 Beach Road, Angola, New York 14006

NON-INSTRUCTIONAL EMPLOYMENT APPLICATION

The Lake Shore Central School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, marital status, age, national origin, disability, creed, sex, sexual orientation, status as a disabled or Vietnam Veteran or any other basis protected by law (unless a bona fide occupational qualification applies).

Lake Shore Central Schools complies with the Americans with Disabilities Act and will consider all requests for reasonable accommodations on a case-by-case basis. If you require a reasonable accommodation at any stage of the application interview process, please contact Johnathan Perry, Business Manager at (716) 926-2221.

I understand that completion of this Employment Application does not guarantee that I will be employed by the District.

Date: _____

**Employment applications are considered active for one year following the date of receipt of application.*

Name:

(Last) (First) (Middle) (Other)**

***Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.*

Address

(Street) (City) (State) (Zip Code)

Alternate Address:

(Street) (City) (State) (Zip Code)

Telephone:

(Permanent) (Alternate) (Other)

Permanent E-Mail
Address:

Alternate E-Mail
Address:

Are you 18 years of age or older? ☐ Yes ☐ No If not, state your age _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you served in the Armed Forces of the United States or in a State Militia? ☐ Yes ☐ No

If yes, please provide dates of military service: _____

Did you receive a dishonorable* discharge? ☐ Yes ☐ No

**A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision*

Are you a volunteer firefighter? ☐ Yes ☐ No

If Yes, Exempt? ☐ Yes ☐ No (if yes, please provide photocopy of exemption certificate)

Are you acquainted with or related to any other District employees or Board Members? ☐ Yes ☐ No

If yes, please provide their name and position: _____

POSITION APPLYING FOR (Check all that apply)

I wish to be considered for:

Full-Time Position: _____ Part-Time Position: _____ Substitute Position: _____

Availability Date: _____ Salary Expected: _____

Position(s):

- ☐ BUS ATTENDANT
- ☐ BUS DRIVER
- ☐ BUS MECHANIC
- ☐ LABORER
- ☐ CLERICAL

- ☐ MONITOR (hall, cafeteria)
- ☐ PERSONAL CARE AIDE
- ☐ REGISTERED NURSE
- ☐ LICENSED PRACTICAL NURSE

Passed Civil Service Exam? ☐ Yes ☐ No

Title of Exam: _____ Date: _____

EXPERIENCE/SKILLS

Clerical:

- ☐ Accounting ☐ Bookkeeping ☐ Computer Literacy
- ☐ Payroll ☐ Typing ☐ Microsoft Office (Word, Excel, Access)

Please describe these experiences, including the dates during which you obtained this experience and where you were working:

Plant Maintenance:

- ☐ Boiler Operation ☐ Carpentry ☐ Electrical Heating/Ventilating ☐ Landscaping ☐ Welding
- ☐ Operation of Heavy Equipment ☐ Painting ☐ Small Equipment Repair ☐ Shipping/Receiving/Inventory

Please describe these experiences, including the dates during which you obtained this experience and where you were working:

Other Experience:

- ☐ Nursing ☐ Registered Nurse ☐ Licensed Practical Nurse ☐ Group Supervision ☐ Other

Please describe these experiences, including the dates during which you obtained this experience and where you were working:

Please list any other special training or in-service education that you feel are relevant to the position you seek (i.e. First Aid/CPR):

Please list professional activities/organizations/offices/honors that you feel are relevant to the position you seek:

Please list any special talents/abilities/interests/hobbies that you feel are relevant to the position you seek:

EDUCATION PREPARATION

NAME AND CITY/STATE	HIGHEST YEAR COMPLETED					DIPLOMA (Y/N)	DEGREE OBTAINED (NAME OF DEGREE)
ELEMENTARY SCHOOL	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		
HIGH SCHOOL	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12			
COLLEGE OR OTHER	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			

EMPLOYMENT HISTORY (List chronologically all experience)

EMPLOYER & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		F/T OR P/T	POSITION HELD/DUTIES	REASON FOR LEAVING	SUPERVISOR'S NAME AND PHONE NUMBER
		To				
		To				
		To				
		To				

Have you previously worked for the District? ☐ Yes ☐ No

If yes, what was your position? _____

If yes, what were your reasons for leaving?:

Have you ever been denied permanent status as a Civil Service employee anywhere? ☐ Yes ☐ No

Are you the subject of any pending investigation and/or disciplinary charges pertaining to employment? ☐ Yes ☐ No

Have you ever been the subject of an investigation by a school district or any other employer? ☐ Yes ☐ No

Have you ever been dismissed from, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? ☐ Yes ☐ No

Have you ever resigned to avoid denial of permanent status as a Civil Service employee? ☐ Yes ☐ No

Have you ever been asked to leave a place of employment (or volunteer position) or resigned in lieu of being terminated?
☐ Yes ☐ No

*If you answered "yes" to any of the previous questions on this page, please explain fully below:

CRIMINAL HISTORY

(A conviction will not necessarily disqualify you from employment. Factors such as age and date of conviction, the seriousness and nature of the crime, rehabilitation, and the relationship of the crime to the job duties will be considered.)

Have you ever been convicted of any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** ☐ Yes ☐ No

Have you ever pled guilty to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** ☐ Yes ☐ No

Have you ever pled nolo contendere or no contest to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)** ☐ Yes ☐ No

Do you currently have any pending arrests or criminal investigations against you at this time? ☐ Yes ☐ No

**If you answered yes to any of the above questions in this section, please state the nature and dates of conviction(s) or plea(s) and, if applicable, date(s) of release from prison below:*

Have you been fingerprinted in accordance with Education Law? ☐ Yes ☐ No

Were you cleared from the New York State DCJS and FBI? ☐ Yes ☐ No

REFERENCES

NAME	TITLE	ADDRESS	PHONE

CONDITIONS OF EMPLOYMENT

I, _____ (print name), hereby grant permission to the Lake Shore Central Schools (Evans-Brant Central School District), to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold Lake Shore Central Schools and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of our in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations of the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

In the event that I am employed, I agree to conform to the District's rules and regulations.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Date: _____

LAKE SHORE CENTRAL SCHOOL DISTRICT
Transportation Office / 8710 North Main Street / Angola, NY 14006 / (716) 926-2241

**APPLICATION FOR POSITION OF
 REGULAR OR SUBSTITUTE SCHOOL BUS DRIVER**

1. CLASS OF DRIVERS LICENSE		EXPIRATION DATE:		STATE OF ISSUANCE:	
MOTORIST IDENTIFICATION NO.:			HOW MANY YEARS DRIVEN?		
2. HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS?				YES	NO
IF YES, EXPLAIN:					
3. HAVE YOU BEEN CONVICTED OF MOVING TRAFFIC VIOLATIONS (I.E. Reckless Driving, Speeding, ETC.) OR OF ANY CRIMINAL ACT?				YES	NO
IF YES, GIVE:					
DATE	CHARGE		COURT & LOCATION		
4. HAVE YOU EVER HELD A DRIVER'S LICENSE(S) IN ANY OTHER STATE DURING THE PAST THREE YEARS?				YES	NO
STATE OF ISSUANCE:		CLASS OF LICENSE:			
5. ACTIVE DRIVING EXPERIENCE WITH:		PASSENGER BUS OR HEAVY TRUCK		YES	NO
		LIGHT TRUCK OR STATION WAGON		YES	NO
6. DO YOU USE INTOXICANTS?		FREQUENTLY	SELDOM	NEVER	
7. DO YOU USE DRUGS?		FREQUENTLY	SELDOM	NEVER	
8. HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS?				YES	NO



TOWN OF EVANS POLICE DEPARTMENT

8787 Erie Road, Angola, NY 14006

716-549-3600 Fax 716-549-6089



CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

State of New York

County of Erie

Town of Evans

Date

I, _____ (Maiden Name _____),
First Middle Last

do hereby authorize the Town of Evans Police to check and receive any information regarding my criminal record and sex offense registry, if any, and that relates to my driver's license or operation record including disciplinary measures, to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles.

Signature

Current Address

Date of Birth

Phone Number

Driver's License Number

Signature of Witness

Witness Name Printed

Reason for Record Check



TOWN OF EVANS POLICE DEPARTMENT

8787 Erie Road, Angola, NY 14006

716-549-3600 Fax 716-549-6089



CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Lake Shore Central Schools
(Print drivers name)

(Evans-Brant Central School District) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Terms of consent are specific to a limited query, annually, for the duration of employment.

I understand that if the limited query conducted by Lake Shore Central Schools (Evans-Brant Central School District) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Lake Shore Central Schools (Evans-Brant Central School District) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Lake Shore Central Schools (Evans-Brant Central School District) to conduct a limited query of the Clearinghouse, Lake Shore Central Schools (Evans-Brant Central School District) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date