

CITY SCHOOL DISTRICT OF ALBANY  
 ACADEMY PARK  
 ALBANY, NEW YORK 12207  
 Phone: (518.475-6057)

**APPLICATION FOR EMPLOYMENT  
 CLASSIFIED CIVIL SERVICE POSITIONS**

**PLEASE PRINT OR TYPE APPLICATION**

**DATE** \_\_\_\_\_

Position Wanted \_\_\_\_\_ No of years experience in this work \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Telephone No.

Present Address \_\_\_\_\_  
 Street City State Zip Code

Social Security No. \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_  
 If yes, please explain in a confidential letter.

Have you ever been convicted of a Misdemeanor? \_\_\_\_\_  
 If yes, please explain in a confidential letter.

Do you have any physical or medical condition(s) which would interfere with your ability to perform the duties of the position for which you apply? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Branch of Military Service \_\_\_\_\_ from \_\_\_\_\_ To \_\_\_\_\_

**NAME OF SCHOOL YOU LAST ATTENDED:**

	<u>Dates Attended</u>		Diploma/Degree/Certificate
	From	To	
High School			
College			
Other			

Last employer \_\_\_\_\_ Address \_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Type of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE:**

	NAME OF COMPANY	DATES EMPLOYED		TYPE OF WORK /NAME OF SUPERVISOR
		From	To	
1.				
2.				
3.				

OTHER SKILLS: \_\_\_\_\_

Have you ever been incapacitated or injured at work in any way as a result of which you have received compensation?

\_\_\_\_\_

Have you ever been dismissed from a position? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Give the names of three persons who have closely observed your work and who have first-hand knowledge of your character, personality, work habits and who may be contacted as references:

	NAME	ADDRESS (Street, City, State, Zipcode)	TELEPHONE NO. (B)
1.			
2.			
3.			

Have you had any experience working with children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain type of experience

\_\_\_\_\_

State your reasons for wishing to work in the City School District of Albany. \_\_\_\_\_

\_\_\_\_\_

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 City School District of Albany of any material changes in the information provided on this application. I hereby consent to have the City School District of Albany 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 City School District of Albany, and hereby release and discharge each of the above, including the City School District of Albany, 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_