

PHOENIX CENTRAL SCHOOL DISTRICT

116 Volney Street
Phoenix, New York 13135
Telephone Number (315) 695-1575
Fax (315) 695-1201

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Social Security No: _____ Resident of School District? _____

Position Applied for:

- Food Service Helper Custodial/Maintenance Teacher Aide
- Clerical Bus Driver
- Bus Aide Mechanic

Have you ever been a Volunteer Fireman? Yes No

EDUCATION AND TRAINING

Type of School	Name of School	Dates	Date of Graduation	Major and Degree
High School				
College				
Graduate School				
Business Trade				
Other				

When will you be available for a position in the Phoenix Central School District? _____
Do you have a Civil Service Rating? _____ If yes, what examination have you passed? _____

Clerical applicants must apply for or already be on the Civil Service List applicable to the position applied for.

Phoenix Central School District is an Equal Opportunity Employer

Are you a typist? _____ If yes, how many words per minute can you type? _____

What types of machines can you operate? _____

If applying for custodial work, are you willing to work nights? _____

PERSONAL REFERENCES
(Other than employers or relatives)

Name	Address	Occupation	No. of Years Known	Telephone No.

MILITARY SERVICE:

Branch _____ Dates of Service: _____ Highest Rank/Grade _____
Type of Discharge _____ Duty outside of U.S. _____ Present Status _____

Do you have a Driver's License? _____ Type of License? _____

PRIOR EMPLOYMENT HISTORY
(Please list last or present employer first)

From	To	Name of Employer	Complete Address	Nature of Work	Reason for Leaving

May we refer to you past employers? Yes No
May we refer your present employer? Yes No

REMARKS

List any additional information that you feel is pertinent to the completion of your application for consideration of employment.

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me.

Signature _____ Date _____

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SUBSTITUTE APPLICATION

NAME: _____

ADDRESS: _____
Street (City, State, Zip)

TELEPHONE: _____

SOCIAL SECURITY NO: _____

Please check the area in which you are interested in subbing:

Cafeteria	Clerical	Bus Driver	Bus Aide	Custodial/Maintenance	Mechanic	Teacher Aide

Please check the days you will be available to work:

Monday	Tuesday	Wednesday	Thursday	Friday

Please check the schools in which you are willing to work:

Maroun Elementary	Emerson J. Dillon	John C. Birdlebough

Please list any work restrictions: _____

Please note: If you wish to be placed on our substitute list, you must complete all of the related forms.