



APPLICATION FOR EMPLOYMENT

Position Sought: <hr/>
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
If part time, hours available: _____ a.m. _____ p.m.
<hr/>
Payroll Title
<hr/>
Position Vacancy Number

(Print)
Name: _____
Last
First
Middle

If known by another name, please give that name: _____

Home Address: _____
No.
Street
Apt. #
City
State
Zip

Telephone Number: () _____ () _____
Home
Day Time

Email Address: _____ Cell Phone: () _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?
 Yes No

Are you legally eligible for employment in the United States? Yes No

From what source did you learn of this position? Posting Electronic Mail Personal Contact Newspaper
 Internet Other _____

A. EDUCATION: Please indicate highest equivalent grade of education completed: Doctorate Masters
Baccalaureate High School/GED

List schools attended, beginning with the most recent (college, business school, high school, vocational or trade school, etc.)

School Name	Location	Major Study	Credits Completed	Degree Received
1)				
2)				
3)				

B. CERTIFICATIONS:

Area of Certification: _____
 State License #: _____
 Date of License: _____

Area of Certification: _____
State License #: _____
Date of License: _____

Other Licenses/Permits or Pending Licenses/Permits: _____

Please indicate when application has been made: _____

C. EMPLOYMENT HISTORY: Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part time employment. If need, please attach an extra page.

1. Employer Name: _____ Address: _____

Employed from: _____ / _____ TO _____ / _____ Job Title: _____

Full Time Part Time Average number of hours per week: _____

Reason for Leaving: _____

Final Base Salary: Annual _____ Weekly _____ Hourly _____

Name & Title of Immediate Supervisor: _____

Telephone Number and/or Email Address: _____

Briefly Describe Duties: _____

2. Employer Name: _____ Address: _____

Employed from: _____ / _____ TO _____ / _____ Job Title: _____

Full Time Part Time Average number of hours per week: _____

Reason for Leaving: _____

Final Base Salary: Annual _____ Weekly _____ Hourly _____

Name & Title of Immediate Supervisor: _____

Telephone Number and/or Email Address: _____

Briefly Describe Duties: _____

3. Employer Name: _____ Address: _____

Employed from: _____ / _____ TO _____ / _____ Job Title: _____

Full Time Part Time Average number of hours per week: _____

Reason for Leaving: _____

Final Base Salary: Annual _____ Weekly _____ Hourly _____

Name & Title of Immediate Supervisor: _____

Telephone Number and/or Email Address: _____

Briefly Describe Duties: _____

Please explain any gaps in employment in excess of two months during the past 15 years.

D. OTHER BACKGROUND QUESTIONS:

1. Have you used sign language? Please describe your experience/level using sign language.

2. Have you ever been discharged or asked to resign from any employment? No Yes If yes, please explain briefly.

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under the law)? No Yes

4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you?

No Yes **Note:** A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. For any conviction or charges pending against you (as described in question #3 of this section), please explain below:

Offense	Disposition including Date/Conviction	Name/Location of Court	Incarceration

6. Are you a retiree of either a New York City or State agency or currently collection a State/City pension? No Yes
 If yes, are you willing to suspend pension payment if offered a position with SMSD? No Yes
7. St. Mary's School for the Deaf may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Kindly provide name, title, address, daytime telephone number, and company affiliation for each reference listed.

PROFESSIONAL REFERENCES

Name / Title	Address / Phone Number	Company Affiliation

Applicant Attestation: *By my signature below, I declare and affirm that I have read and fully understand that:*

Any misrepresentation or material omission of facts in this application or any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume / CV), or any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired.

Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to hiring official. This verification may, but need not, begin prior to my receiving an offer.

An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to St. Mary's School for the Deaf.

No manager or representative of St. Mary's School for the Deaf has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing St. Mary's School for the Deaf.

Any representation that is contrary to the policies, even when made in writing, is unenforceable.

Under federal law, St. Mary's School for the Deaf is required to verify my employment eligibility and my identity. At that time, I will produce legitimate supporting documents.

_____ Signature

_____ Date