

RED CREEK CENTRAL SCHOOL DISTRICT  
RED CREEK, NEW YORK 13143

**APPLICATION FORM - CLASSIFIED PERSONNEL**

Send your application to:  
Superintendent of Schools  
District Administration Center  
Red Creek Central School  
Red Creek, New York 13143

SUPPLY ALL INFORMATION, EVEN IF CONTAINED ELSEWHERE

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

**GENERAL DATA**

Are you a member of the N.Y.S. Retirement System? \_\_\_\_\_ Retirement Number \_\_\_\_\_

Do you have a Civil Service rating? \_\_\_\_\_ If so, what classification(s): \_\_\_\_\_

Can you perform the duties of the position for which you are applying? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Please check the general area(s) in which you have aptitude and interest:

\_\_\_\_ Food Service \_\_\_\_ Secretarial \_\_\_\_ Aide/Monitor \_\_\_\_ Bldg/Grounds \_\_\_\_ Transportation

When will you be available for employment? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Type of School	Name & Address	Years Attended	Date of Graduation	Course or Major
High School				
College				
Business/Trade				
Other				

Do not write in this space

Specific Position(s) Desired

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PERSONAL REFERENCES**

NAME AND OCCUPATION	ADDRESS	PHONE
1.		
2.		
3.		

**MILITARY AND WORK EXPERIENCE** (List in order, last or present employer first)

Kind of Work	Dates From To	Name & Address of Employer	Immediate Supervisor	Reason for Leaving

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_\_\_  
 If yes, explain: (Use a separate sheet of paper if necessary)

Explain reasons why you would be successful in this position.  
 (Use a separate sheet of paper if necessary).

I certify that the statements I have made in this application are true and I am aware that any material and deliberate falsification of fact is grounds for discharge. I also agree to take any future physical examination the district may deem necessary.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature