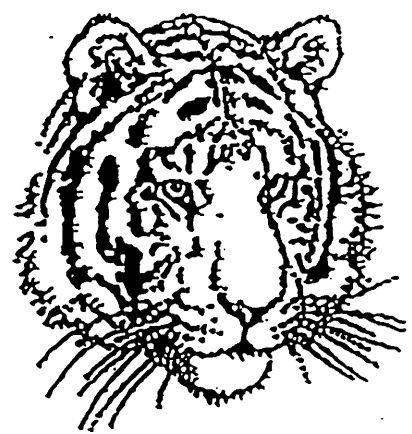


APPLICATION
FOR
NON-TEACHING POSITION

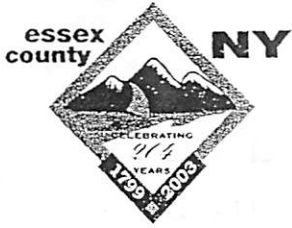
Name _____
Address _____
Telephone _____
Position Desired _____



SCHROON LAKE CENTRAL SCHOOL
SCHROON LAKE, N.Y. 12870



The Schroon Lake Central School District is an equal opportunity employer and does not discriminate because of race, color, creed, sex, national origin, age, marital status, disability or past arrests or convictions.



ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
 Essex County Department of Personnel and Civil Service
 7551 Court Street, PO Box 217, Elizabethtown New York 12932
 (518) 873-3360

Leave this space blank

Number _____

Application _____

Approved: _____
 Conditional: _____
 Disapproved: _____

**APPLICATION FOR
 EXAMINATION OR EMPLOYMENT
 FOR COUNTY, TOWNS, VILLAGES AND SCHOOL DISTRICTS**

_____ Title of Position Applying For

_____ Exam No. (if applicable)

This application is part of your examination, ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME AND RESIDENCE

_____ Last Name:

_____ First Name:

_____ Initial:

_____ Street Address or RD:

_____ Phone No.

_____ City:

_____ State:

_____ Zip:

Immediate Notice should be given of any changes in Post Office address before or after examination.

2. Social Security Number:

3. Are you under 18? Yes: No:

If so, or if minimum age limits are established for the position applied for, enter your date of birth here:

Date of Birth: _____ / _____ / _____
 Month Day Year

4. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:

	Years	Mos.
School District:		
Village or City Of:		
Town Of:		
County Of:		
State Of:		

5. Check appropriate box to the right of each question:

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes: No:
- B. Have you ever been convicted of any crime, (Felony or misdemeanor)? Yes: No:
- C. Are you now under any charges for any crime? Yes: No:

If "Yes", give particulars and disposition of each charge on separate sheet and attach same.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENTS AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

6. Check appropriate box to the right of each question:

- A. Are you currently a U.S. Citizen? (Citizenship is no longer a requirement for employment except for public officer positions) Yes: No:
- B. If not, do you have the legal right to accept employment in the United States? Yes: No:

Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? Yes: No:

D. Are you an exempt Volunteer Fireman? Yes: No:

7. Check appropriate box to the right of each question:

A. Do you have a valid license to operate a motor vehicle in New York State? Yes: No:

B. If yes give the following:

Class: _____ Number: _____ Date of Expiration: _____

8. Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes? Yes: No:

If not: Omit Questions 9-13.

9. If "Yes" did you receive a discharge that was honorable or were you released under honorable circumstances? Yes: No:

10. Have you any objections to this department making inquiry regarding your character and qualifications? Yes: No:

11. Did you serve in active duty in the Armed Forces of the United States during any of the following periods? Yes: No:

- a. December 7, 1941 to December 31, 1946;
- b. June 27, 1950 to January 31, 1955;
- c. December 22, 1961 to May 7, 1975;
- d. U.S. Public Health Services: July 29, 1945 to September 2, 1945 or June 26, 1950 to July 3, 1952;
- e. August 2, 1990 - the date upon which such hostilities end.
- f. Hostilities in Lebanon - June 1, 1983 - December 1, 1987 *
- g. Hostilities in Grenada - October 23, 1983 - November 21, 1983 *
- h. Hostilities in Panama - December 20, 1989 - January 31, 1990 *

* denotes - **Must** have received the armed forces, navy or marine corps expeditionary medal.

12. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran? As a disabled war veteran? Yes: No:

As a non-disabled war veteran? Yes: No:

13. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes: No:

14. EDUCATION: If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. DO NOT send transcripts unless required by announcement.

Have you graduated from high school? Yes: No: If yes, give name and location of high school:

If "Yes", give year graduated: _____

If "No", give highest grade completed: _____

Have you successfully completed a typing course? Yes: No:

If you have a high school equivalency diploma:

Number and/or Date of Issue: _____

Indicate issuing Government Authority: _____

	Name of School and City in which located	Dates of Attendance (Month and Year) From to	Day or Night	Full or Part Time	No. of Credits	Were You Graduated	Type of Course or Major	No of College Credits	Degree Received	Date of Degree
College, University, Professional or Technical School										
Other Schools or Special Courses										

15. LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or the examination(s) for which you are applying, complete the following: (If not currently licensed, check this box:)

Name of Trade or Profession: _____	License #: _____	Granted By: _____	City or State: _____
Specialty: _____	Date First Issued: _____	Registered From: _____ To: _____	

EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work back consecutively to your first. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of Immediate Supervisor:
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					
Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of Immediate Supervisor:
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					

Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of Immediate Supervisor:
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					
Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of Immediate Supervisor:
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE

NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be substituted.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant
(Provide any other name you have used in education or employment)

Date

Check box below if you desire special accommodations because you are a:

Sabbath Observer - For religious reasons cannot be tested on Saturdays Yes:

Handicapped Person Yes:

Under REMARKS, indicate type of assistance required.

REMARKS: _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Essex.

STATE REASONS WHY YOU FEEL YOURSELF QUALIFIED FOR THE JOB APPLIED FOR:

THIS APPLICATION WILL BE KEPT ON FILE FOR A TWO(2) YEAR PERIOD.

THE SCHROON LAKE CENTRAL SCHOOL DISTRICT AFFIRMS ITS BELIEF IN EXISTING LAWS, GOVERNMENTAL REGULATIONS AND EQUAL OPPORTUNITY TO THE END SO THAT NO STUDENT, EMPLOYEE, CITIZEN OR APPLICANT SHALL BE DISCRIMINATED AGAINST.

DISCRIMINATION SHALL BE FORBIDDEN BECAUSE OF, BUT NOT NECESSARILY LIMITED TO, RACE, COLOR, CREED, AGE, SEX OR NATIONAL ORIGIN.



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION

DS-870 (11/08)

(Complete all parts of this form. Please print or type.
 Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION						
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code	County	Telephone Number
Client/License ID Number (from Driver License)		State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION						
Carrier/DBA Name		Legal Name (if different)		Federal ID Number	19-A Business ID Number	
SCHROON LAKE CENTRAL SCHOOL				146001941	19185	
Street Address		City	State	Zip Code	County	Telephone Number
1125 US RT. 9 PO BOX 338		SCHROON LAKE	NY	12870	ESSEX	518-532-7606
Name of Article 19-A Contact Person			Title		Is this employer/carrier a school bus carrier?	
ROBERT H BESSEY			TRANS. SUPERVISOR		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL DRIVER INFORMATION
 Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification _____

2. Are you a certified ARTICLE 19-A examiner? Yes No
 If "yes", give certificate number _____ and expiration date _____.

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):		What were the date(s) of your employment? (From - To)	Your job title
Employer Name and Address			

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent _____ Date _____