



Utica Safe Schools
Healthy Students
 Clearing paths to achievement

APPLICATION FOR EMPLOYMENT
Advantage After School Program - Donovan Middle School

Utica Safe Schools Healthy Students is an Equal Opportunity Employer.

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____

Telephone Number: _____ Social Security Number: _____ - _____ - _____

IF under 18 years of age, do you have a work permit? Yes No
 Are you either a U.S. citizen, or an alien who has the legal right to remain and work in the U.S.? Yes No
 (If you accept employment with us, the Federal Immigration Act of 1986 requires that you provide documents establishing your identity and work authorization.)

EMPLOYMENT DESIRED

Position for which you are applying: _____

Full-time _____ Part-time _____ Fill-in _____ Summer _____

Date of availability: _____

Do you have a valid drivers license? (Only answer this question if specifically asked to) Yes No

Can you travel if a job requires it? Yes No

Have you ever applied for employment with this agency? Yes No

If yes, when? _____

In what position? _____

Please list any special skills you have: _____

If you served in the military service of the United States, did you receive any special training which will help you perform the job for which you are applying? Yes No

If yes, please describe: _____

EDUCATION

Highest Grade Completed (Please circle) 9 10 11 12 1 2 3 4
High School College

Name of college/university attended: _____

Vocational or trade school: _____

Course of Study:

Have you ever been convicted of a crime? Y N

If yes, please explain and give dates of conviction(s):

This information may or may not determine your eligibility to work in the position you are applying for. Our agency does require most of the staff to be fingerprinted.

FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment. You may include verifiable volunteer work experience.

Date Employed	Name & Address of Employer	Name of Supervisor	Position & Salary	Reason for Leaving
from			start	
to			finish	
from			start	
to			finish	
from			start	
to			finish	
from			start	
to			finish	
from			start	
to			finish	

May we contact *your* current employer? Yes No

Three Professional References:

Name and Occupation Address Phone Number

I understand that employment will be on a 90 day introductory basis. My employment may be terminated, with or without cause or notice, at any time, at my option or that of this agency. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the board president. I give the agency permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by this agency. I authorize you to obtain, use, and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed by this agency, I will abide by its rules and regulation, which I understand are subject to change by the agency.

Signature of Applicant

Date