

BRENTWOOD UNION FREE SCHOOL DISTRICT
Human Resources Department
52 Third Avenue
Brentwood, New York 11717
(631) 434-2331

EMPLOYMENT APPLICATION – OFFICE OF FUNDED PROGRAMS

FOR SAFETY REASONS MUST BE ABLE TO REASONABLY SPEAK AND UNDERSTAND ORAL AND WRITTEN INSTRUCTION

PLEASE PRINT

POSITION DESIRED

____ School Monitor

____ Elementary

____ School Monitor (Assigned to Bus)

____ Secondary

____ Health Aide (**American First Aid & CPR Certificate Required**)

LAST NAME

FIRST NAME

M.I.

MAILING ADDRESS

TELEPHONE # _____ EMAIL: _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire. Are you legally eligible to work in the United States? _____

1. Have you ever worked for the Brentwood School District? _____

If yes, please indicate position held. _____

2. Have you ever been convicted of any crime (felony or misdemeanor)? _____

3. Do you have any pending arrests? _____

Signature _____ Date _____

Conviction of a crime will not automatically preclude your employment and other factors will be considered as required by law.

4. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? _____

5. Did you ever resign from any employment rather than face dismissal? _____

6. Did you ever receive a discharge from the Armed Forces of the United States that was other than honorable or was issued under other than honorable circumstances? _____. A dishonorable discharge is not an automatic bar to employment, and other factors will be considered.

If you answered **YES** to questions 1 through 6, you **MUST** give specifics in the **COMMENTS** section below:

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 for which you are applying. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application.

COMMENTS:

SUCCESSFUL COMPLETION OF AN APPROPRIATE MEDICAL EXAMINATION MAY BE REQUIRED.**EDUCATION:**

1. Have you graduated from senior high school? _____
Name of School _____
Location _____
2. If you have a high school equivalency diploma, indicate:
Issuing Authority _____
Date _____
3. If you did **NOT** graduate from high school, indicate highest school year completed _____
4. List College, University or Professional School Attended:
School _____
Degree/Certificate/Credits Received _____
School _____
Degree/Certificate/Credits Received _____

LICENSES

If you have obtained a license, certificate or other authorization to practice a trade or profession, please fill in below:

1. Name of Trade or Profession _____
 2. License Number _____
 3. Granted by (licensing agency) _____
 4. Specialty _____
 5. Date License First Issued _____
 6. Registered From _____ To _____
-

LENGTH OF EMPLOYMENT MO. YR. MO. YR.	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime	Reason for leaving?		
	Involuntarily terminated?		
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime	Reason for leaving?		
	Involuntarily terminated?		
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	TELEPHONE#
EARNINGS (Circle One) /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S TITLE			
Average no. of hrs. worked per week exclusive of overtime	Reason for leaving?		
	Involuntarily terminated?		

REFERENCES

It is the responsibility of the candidate to make sure all references are on file in the Human Resources Office.
(Reference forms are attached. Relatives may not be used as references).

NAME	ADDRESS	TELEPHONE #

PLEASE BE ADVISED THAT INCOMPLETE APPLICATIONS WILL BE DISCARDED AT THE END OF THE SCHOOL YEAR

THE BRENTWOOD PUBLIC SCHOOLS COMPLIES WITH TITLE IX GUIDELINES AND IS AN EQUAL OPPORTUNITY EMPLOYER.

I CERTIFY THAT THE AFOREMENTIONED INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR INCOMPLETE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL REGARDLESS OF THE DATE OF DISCOVERY

DATE:_____ SIGNED_____

SCHOOL MONITOR/BUS MONITOR/HEALTH AIDE REFERENCE FORM DIRECTIONS

ATTACHED IS A REFERENCE FORM.

- PRINT OUT THREE (3) COPIES.
- **PRINT YOUR NAME ON EACH REFERENCE FORM BEFORE YOU GIVE THEM OUT.**
- PLEASE GIVE THEM TO THREE (3) PEOPLE (**ABSOLUTELY NO FAMILY MEMBERS**). THEY MUST FILL THEM OUT AND MAIL OR EMAIL TO DKOMODIKIS@BUFSD.ORG.

BRENTWOOD UNION FREE SCHOOL DISTRICT
52 THIRD AVENUE
BRENTWOOD, NY 11717
ATTENTION: HUMAN RESOURCES DEPARTMENT

- **YOU MUST NOT MAIL/BRING THEM BACK TO OUR OFFICE YOURSELF AS THEY ARE CONFIDENTIAL AND YOU ARE NOT PERMITTED TO SEE THE COMPLETED FORMS.**

THANK YOU FOR YOUR COOPERATION,
HUMAN RESOURCES

PLEASE RETURN TO:

Brentwood Union Free School District
Anthony F. Felicio Administration Center
Human Resources Department
52 Third Avenue
Brentwood, NY 11717
(631) 434-2331

_____ is applying for the position of (circle one): **School Monitor/Bus Monitor/Health Aide** in the Brentwood Public School District. This position requires the person to supervise and/or work with children. Please give us your most candid opinion of this person’s performance in this position. *Your reply will be strictly confidential.*

	P	F	A	G	E	U
	O	A	R	O	L	N
	R	R	E	D	T	N
Personal Qualities						
Tact						
Use of voice						
Energy level						
Initiative						
Responsibility						
Trustworthiness						

	P	F	A	G	E	U
	O	A	R	O	L	N
	R	R	E	D	T	N
Professional and Social Qualities						
Understanding Children						
Speaking English						
Intellectual ability						
Cooperation						
Response to criticism						
Following directions						
Interest in school						
Continuing education						

Is there any reason that the applicant might not be successful in this job? Yes_____ No_____

If yes, describe _____

Would you hire the applicant to supervise or work in a Public School? Yes_____ No_____

What is your relationship to the applicant and how long have you known him/her? _____

_____ Your Signature	_____ Today’s Date	_____ Your Telephone Number
_____ Printed Name	_____ Your Position	