

CANDOR CENTRAL SCHOOL
P. O. Box 145
Candor, New York 13743-0145
Phone: (607)659-5010 Fax: (607)659-7112

NON-INSTRUCTIONAL SUBSTITUTE APPLICATION FORM

*Thank you for your interest in our schools.
Please complete and return this form to the
Candor Central School District Office
at the above address.*

Date: _____

Name	
Address	
Phone	
E-mail Address	
Social Security Number	

POSITION FOR WHICH YOU ARE APPLYING

Cafeteria/Food Service
 Teacher Aide
 School Nurse
 Custodial/Cleaner
 Clerical Aide
 Bus Driver

Have you ever taken a Civil Service examination for this position? Yes ___ No ___
If yes, date taken: _____ Score received: _____

Have you any physical limitations which preclude you from performing
certain jobs? Yes ___ No ___
If yes, please explain: _____

How much time have you lost in the past year due to illness? _____

Are you a citizen of the United States? Yes ___ No ___

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

Were you ever dismissed from any public employment Yes ___ No ___
If yes, please explain: _____

If you served in the Armed Forces, did you receive an
honorable discharge? Yes ___ No ___
If no, please explain: _____

State names of any relatives or friends working for us, other than spouse:

Educational and Professional Training

Name of Institution and Location (include high school, college, graduate work, etc. in order taken)	Date From/To	Total Credit Hours	Type of Degree or Diploma Received	Major Subject	Minor Subject

Past Employment

Employer/Address	Phone	Supervisor	Your Position	Dates of Employment To/From	Reason for Leaving

Briefly outline why you would like to work at Candor Central School:

List the activities in which you were engaged during your high school/college years which should contribute to your working well with children: i.e. band, choir, clubs, sports, civic:

Briefly describe your feelings toward school children:

List any hobbies you may have:

Present Salary: _____ Expected Salary: _____

When could you come in for an interview? _____

When could you begin work? _____

References

List three (3) references (other than relatives) who have first-hand knowledge of your character and working abilities:

Name/Address	Official Position	Phone No.

Do we have permission to contact your previous employers? Yes ___ No ___

In the event you are not employed for the vacancy, please answer the following:

- _____ I wish to have my application remain on file. (It will be kept for one year)
- _____ Should a regular position become available, I would like to be considered for the position.
- _____ Please discard my application

Signature

Date

You will hear from us as soon as a decision is made regarding the opening for which you have applied.

The District will employ in full compliance with Title IX and shall not discriminate on the basis of sex.

School Use Only

Supervisor's Rating 1 2 3 4

District Superintendent's Rating 1 2 3 4

Circle One: 1=Superior; 2=Above Average; 3=Average; 4=Below Average