

GALWAY CENTRAL SCHOOL DISTRICT NON-INSTRUCTIONAL EMPLOYEE EMPLOYMENT APPLICATION

PLEASE INDICATE THE AREA(S) OF EMPLOYMENT YOU ARE INTERESTED IN: ☐ Teacher Aide ☐ Cafeteria ☐ Maintenance ☐ Transportation ☐ Other__ **LAST NAME FIRST NAME** MI **ZIP CODE** STREET ADDRESS **CITY** STATE **TELEPHONE NUMBER(S) E-MAIL ADDRESS** INDICATE HIGHEST LEVEL OF EDUCATION: PREVIOUS EMPLOYMENT: List name, address, phone number and supervisor at each place where you were employed for the last three (3) years: __ **REFERENCES:** List names, titles, addresses and phone # of three business references that we may contact: **EXPERIENCE:** Describe any experience you have that qualifies you for the position you are applying for: ☐ Yes Have you ever been convicted of a felony or misdemeanor? If yes, please provide details: ☐ No By signing below you are affirming that to the best of your knowledge the answers to the above questions are true.

RETURN APPLICATION ALONG WITH A COVER LETTER AND RESUME TO:

Signature of Applicant

Superintendent of Schools Galway Central School District 5317 Sacandaga Road Galway, NY 12074

The Galway Central School District does not discriminate in employment or in the educational programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or \$504 of the Rehabilitation Act of 1973 and the NYS Human Rights Law.

Date