

THE GREATER AMSTERDAM SCHOOL DISTRICT
 11 Liberty Street
 Amsterdam, NY 12010

DATE: _____

RETURN TO: Office of Curriculum & Inst.

NON-TEACHING APPLICATION

CLERICAL CUSTODIAN MAINTENANCE AIDE: a. General b. Health
 REGISTERED NURSE THERAPIST THERAPIST ASSISTANT

NAME _____ SOC. SEC. # _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____
 (STREET) (CITY/STATE) (ZIP)

TELEPHONE _____ U.S. CITIZEN YES _____ NO _____
 HAVE YOU TAKEN CIVIL SERVICE EXAM(S) _____ WHEN _____ FOR WHICH POSITION _____

PRESENT EMPLOYER:

NAME _____ ADDRESS _____ PHONE _____
 POSITION _____ SALARY _____ DATE EMPLOYED _____

OTHER WORK EXPERIENCE:

DATES - FROM/TO EMPLOYER	CITY AND STATE	POSITION	SALARY	REASON FOR LEAVING

EDUCATIONAL BACKGROUND:

NAME OF SCHOOL(S)	CITY AND STATE	DATES ATTENDED/ COMPLETED	TYPE OF CERTIFICATE
HIGH SCHOOL			
COLLEGE OR OTHER			

DO YOU SPEAK ANOTHER LANGUAGE? IF SO, SPECIFY WHICH LANGUAGE(S) _____

LIST ANY SPECIAL SKILLS OR TALENTS

LIST THREE (3) REFERENCES

NAME

ADDRESS

PHONE NUMBER

1. _____

2. _____

3. _____

LIST REASONS WHY YOU BELIEVE YOU ARE PARTICULARLY QUALIFIED FOR THIS POSITION.

CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION:

- A. Have you ever been released from a previous position? Yes No
- B. Have you ever resigned from any employment rather than face dismissal? Yes No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was dishonorable? Yes No
- D. Have you ever been convicted of anything other than a traffic violation? Yes No
- E. Are you now under charges for any crime? Yes No
- F. Are you related by blood or marriage to any present or past employee of the GASD or any past or present GASD official or Board of Education member? Yes No

If you answered "Yes" to any of the questions A-F above, please explain on a separate sheet of paper.

Signature

GREATER AMSTERDAM SCHOOL DISTRICT

**11 LIBERTY STREET
AMSTERDAM, NY 12020**

DECLARATION

NEW YORK STATE EMPLOYEES' RETIREMENT SYSTEM

Twelve month employees of the District are required to join the New York State Employees' Retirement System. Ten month employees have the option of joining the Retirement System in accordance with the specifications indicated in the declaration which follows. Please read and sign the declaration.

I hereby acknowledge that I have been informed by the Greater Amsterdam School District, my employer, that as an "employee" I have the option of becoming a member of the New York State Employees' Retirement System. I further understand that under the present law, *if I elect to join the New York State Employees' Retirement System, I must complete a Retirement System Membership Application, which must be filed with the District and the Retirement System in order to be effective.* As a member, I will be required to contribute 3% of my salary to the Retirement System.

I also understand that *if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.*

Signature

Date

NOTE: MEMBERSHIP FORMS MAY BE OBTAINED FROM THE FINANCE OFFICE.