

# OCEANSIDE UNION FREE SCHOOL DISTRICT

145 Merle Avenue  
Oceanside, New York 11572-2206  
516-678-1213  
www.oceansideschools.org

## HOURLY EMPLOYEE APPLICATION

It is our policy to provide equal employment to all qualified persons without regard to, among others, race, creed, color, national origin, age, disability or sexual orientation.

**POSITION:** (Please check all for which you wish to apply)

Clerical     Monitor     Security     Teacher Aide     Cafeteria     Custodian  
 Substitute     Part-Time     Full-Time     10-month     12-month

Today's Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone # (home) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Area Code Number

Telephone # (cell) \_\_\_\_\_  
Area Code Number

Are you legally eligible for employment in the U.S.A.? ( ) Yes ( ) No

Have you ever been convicted of any crime (violation, misdemeanor, or felony)? ( ) Yes ( ) No

Is your fingerprint clearance on file in the TEACH system? ( ) Yes ( ) No

Please note your current work availability below, specifically state if there are any days or hours that you cannot work:

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### EDUCATIONAL BACKGROUND:

#### DATES ATTENDED

	From	To	Name of School	Degree Area
High School	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other	_____	_____	_____	_____

**WORK EXPERIENCE:**

**DATES EMPLOYED:**

Name/Location	Starting/Ending Salary	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present employer?    ( ) Yes    ( ) No

**REFERENCES:**

Please list here the names and contact information for at least two references.

Name	Mailing Address/Email Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that, if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my prior educational and work history.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_