



BOLTON CENTRAL SCHOOL

26 Horicon Avenue, PO Box 120
Bolton Landing, NY 12814-0120
(518) 644-2400

Date: _____

Personal Information

Name: _____ Soc. Sec. # _____

Address: _____ Home Phone: _____
(Street)

_____ Work Phone: _____
(City) (State) (Zip code)

Position for which you
are applying: _____

Please explain in writing below, or on an attached sheet, your vision of being successful in this position.

The New York State Laws of 2000, Chapter 180, require clearance through fingerprinting of school district employees. Please understand that failure to complete that process will prohibit you from school district employment.

If you have already obtained NYS OSPRA clearance, please check here: _____

Date Obtained: _____

Please describe any educational courses, training, or experiences that have prepared you to successfully accomplish the requirements for this position.

All statements made by me on this application are true and complete. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment.

Date: _____ Signature of Applicant: _____

The Bolton Central School District does not discriminate on the basis of age, color, creed, disability, marital status, veteran status, family status, national origin, race, or sex in the educational programs and activities which it operates. This policy is in compliance with Title IX of the Educational Amendments of 1972, and all applicable Federal and State Laws and Regulations. Bolton Central School is an equal opportunity educator and employer.

Please return completed application to:
Superintendent Secretary
Bolton Central School
26 Horicon Avenue, P.O. Box 120
Bolton Landing, New York 12814

WARREN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Warren County Department of Civil Service Administration

1340 State Route 9 Lake George, New York 12845

Phone: (518) 761-6440 Fax: (518) 761-6509

Web: www.warrencountyny.gov/civilservice

Submit an original application for each title along with a non-refundable examination fee (if applicable). Make check or money order payable to Warren County Treasurer (no cash accepted). Carefully read announcements for minimum qualification requirements. (You must sign the affirmation at the bottom of page 4).

EXAM Title or Position: _____ **Exam Number: (if applicable):** _____

NAME AND LEGAL RESIDENCE: (Please notify Warren County Civil Service immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS: _____

(if different from above) STREET CITY STATE ZIP

PHONE NUMBER: (____) _____ (____) _____
Primary Alternate

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

I currently reside (indicate one of the three) in the: (1) City of _____

OR (2) Town of _____, **OR** (3) Village of _____

in the **School District** of _____ located in the **County** of _____ in the
State of _____. Have you resided in your current County for the last four months? _____.

VETERANS CREDITS:

Veterans of the Armed Forces wishing to claim additional credits as a Veteran or Disabled Veteran must also submit a separate "Application for Veteran's Credit" form and supporting documentation found here:

https://www.warrencountyny.gov/sites/default/files/civilservice/docs/exams/vet_credit_app.pdf

If claiming additional Veterans credits, check appropriate box: ☐ Veteran (Non-Disabled) or ☐ Veteran (Disabled)

TESTING ACCOMMODATIONS:

Warren County Civil Service provides reasonable accommodations in testing for reasons of disability, religious observance or military service. If you require special arrangements, a written request must be attached or submitted no later than the last filing date for the exam. ☐ Yes, I am requesting testing accommodations for: ☐ Disability ☐ Religious Observance ☐ Military Service.

EXAMS IN OTHER JURISDICTIONS:

☐ Yes, ☐ No Have you applied for any other examinations to be held on the same date with NYS or other jurisdictions?

If yes, please attach a completed cross filer form available at Warren County Civil Service Office or online at:

https://www.warrencountyny.gov/sites/default/files/civilservice/docs/exams/cross_filer_app.pdf

ALTERNATE TEST DATE:

If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, check the box below and attach supporting documentation with this application. In case of emergency, please notify this office the **NEXT** business day following the exam date. You will be required to submit documentation of your emergency. https://www.warrencountyny.gov/sites/default/files/civilservice/docs/exams/alt_test_date.pdf

☐ Yes, I need an alternate test date and have attached a Request for Alternate Test Date form.

OTHER PERSONAL INFORMATION:

Are you 18 years of age or older? ☐ YES ☐ NO If no, you must supply a work permit.

Are you legally eligible to work in the United States? ☐ YES ☐ NO 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 form upon hire.

NAME: _____
 LAST FIRST MIDDLE

EDUCATION:

Do you have a **High School diploma?** ☐ YES ☐ NO

If YES, NAME AND LOCATION OF HIGH SCHOOL: _____

Or, a **High School Equivalency Diploma (GED)?** ☐ YES ☐ NO

If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____

EDUCATION: (beyond high school)

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					

IF REQUIRED FOR POSITION, LIST MOST RELEVANT COURSE WORK (see announcement minimum qualifications):

NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____ State: _____
 Date of Expiration: _____ Class of License: _____ Endorsements: _____ Restrictions: _____

EXPERIENCE: Carefully read the minimum qualifications for the position/exam for which you are applying. Fee(s) will not be refunded if you do not meet the minimum qualifications. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your work experiences relating to the minimum qualifications. You are responsible for submitting an accurate, adequate and clear description of your experience. Paid part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job posting or exam announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
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HOURS WORKED PER WEEK	DUTIES:
YOUR TITLE	
TYPE OF BUSINESS	
NAME AND TITLE OF SUPERVISOR	
REASON FOR LEAVING	

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
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HOURS WORKED PER WEEK	DUTIES:
YOUR TITLE	
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HOURS WORKED PER WEEK	DUTIES:
YOUR TITLE	
TYPE OF BUSINESS	
NAME AND TITLE OF SUPERVISOR	
REASON FOR LEAVING	

COMPLETE ALL QUESTIONS:

☐ YES ☐ NO Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?

☐ YES ☐ NO Did you ever resign from any employment rather than face discharge?

*If you answered (YES) to any of these questions, you may provide details on a separate 8 ½ x 11 sheet of paper attached to this application. **Note:** None of the above is an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position to which you are applying.*

BACKGROUND INVESTIGATION:

Applicants for certain positions may be subject to a thorough background investigation, including a State and national criminal history background investigation, which may include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Please check box that applies to you:

- ☐ Unemployed and primarily responsible for support of a household
- ☐ Eligible to receive Medicaid
- ☐ Receiving Supplemental Security Income (SSI)
- ☐ Receiving Temporary Assistance for Needy Families (TANF)
- ☐ A certified eligible under the Workforce Investment Act (WIA)

I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.

Signature (if eligible) _____ Date _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:

The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Warren County Department of Civil Service.

STATEMENT:

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Warren County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Warren County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature _____ Date _____

WARREN COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of Warren County to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, disability, national origin, gender, sex, sexual orientation, marital status, veteran or military service status, domestic violence victim status, genetic predisposition or carrier status, criminal or arrest record or any other category protected by law, unless based on a bona-fide occupational qualification or other exception.

FOR CIVIL SERVICE ADMINISTRATION USE ONLY:

☐ **Approved** ☐ **Disapproved** ☐ **Conditional**
 _____ Education _____ Education
 _____ Experience _____ Experience
 _____ Residency _____ Residency

☐ VC ☐ TA ☐ CF ☐ ATD

PAYMENT INFO:

Date: _____
 Ref. #: _____
 Amount: _____
 Fee Waived: _____