

# **BROCTON CENTRAL SCHOOL**

**138 West Main Street**

**Brocton NY 14716**

**(716) 792-9121**

## **NON-INSTRUCTIONAL RELATED POSITIONS WORK APPLICATION (Cafeteria, Maintenance, Teacher Aide, Clerical)**

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

\_\_\_\_\_  
**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

\_\_\_\_\_  
**ADDRESS (Include Street, City, State, Zip Code)**

\_\_\_\_\_  
**PHONE NUMBER(S)**

### **EDUCATION**

**Elementary School Location** \_\_\_\_\_

**High School Location** \_\_\_\_\_

**Did you graduate?        Yes        No**

**Post High School Location** \_\_\_\_\_

**Did you graduate?        Yes        No**

### **POSITION(S) APPLYING FOR:**

\_\_\_\_\_

**PROFESSIONAL AND OTHER WORK EXPERIENCE:** Please list most recent first. If applying for teaching position, include student teaching if done within the last two years.

	<u>Employer/School Address</u>	<u>Dates</u>	<u>Position Held</u>	<u>Reason for Leaving</u>
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____

**REFERENCES:** Please list at least three professional references under whom you have worked or who have first-hand knowledge of your character, personality, and ability. Give complete information including zip code.

NAME	POSITION	PRESENT ADDRESS	PHONE #
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

**PLEASE NOTE: Applications are considered active only upon receipt of the following information:**  
**Cover Letter/Letter of Interest**  
**Resume**  
**Three Letters of Reference**

**NEW YORK STATE REQUIRES FINGERPRINTING. HAVE YOU BEEN FINGERPRINTED YET? \_\_\_\_\_**  
**(In order to verify fingerprinting, provide your Social Security Number)**

If desired, use the space below for any other information which you feel would further your candidacy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====  
Thank you for completing this application and for your interest in the Brocton Central School District. Please forward this completed application all necessary information to:

**Jason C. Delcamp, Superintendent**  
**Brocton Central School**  
**138 West Main Street**  
**Brocton NY 14716**