

CIVIL SERVICE EMPLOYMENT APPLICATION

NEW HYDE PARK-GARDEN CITY PARK UFSD  
1950 HILLSIDE AVENUE  
NEW HYDE PARK, NY 11040

AN EQUAL OPPORTUNITY EMPLOYER

This School District does not discriminate on basis of race, color, national origin, age, religion, sex or disability.

A MEDICAL EXAMINATION, NEW YORK STATE ED DEPT. FINGERPRINTING, as well as a NASSAU COUNTY CIVIL SERVICE APPLICATION, investigation and approval (civil service exam is required for some positions) will be required.

Position applied for \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute \_\_\_\_\_

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First, Middle Initial, Last (Print or Type)

Complete Address \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # \_\_\_\_\_

PLEASE CHECK YES OR NO FOR ALL QUESTION LISTED BELOW:

Dismissed from employment (except for staff reduction)	YES _____	NO _____
Convicted of a crime within the past five years	YES _____	NO _____
A valid N.Y. State Drivers License# _____	YES _____	NO _____
Use of a car	YES _____	NO _____
Active or Reserve U.S. Armed Forces Status		
(Unit) _____ ETS date _____	YES _____	NO _____
Are you a volunteer Fire Fighter	YES _____	NO _____
Veteran	YES _____	NO _____
Taken Nassau County Civil Service Exams		
Titles _____ Date _____ Score _____	YES _____	NO _____
U.S. Citizen	YES _____	NO _____
if you answered no, Alien Registration No. _____		
Presently employed by any School, State or Local Government	YES _____	NO _____
Are you a member of any NYS Retirement system	YES _____	NO _____
if yes RETIREMENT # _____ SYSTEM _____		

\*\*\*\*\*  
IN CASE OF EMERGENCY YOU MAY NOTIFY:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ( ) \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

TRADE/PROFESSIONAL LICENSE/CERTIFICATE:

SPECIALITY	LICENSE #	ISSUED BY	EXPIRES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

NAME OF SCHOOL                      ADDRESS    GRADUATION YEAR

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
COLLEGE(S)

\_\_\_\_\_  
TRADE(S)

**\*PLEASE CHECK ONE:**

(  ) HIGH SCHOOL GRADUATE      (  ) EQUIVALENCY DIPLOMA - ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_

**ALL EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS**  
(PLEASE USE A SEPARATE PIECE OF PAPER IF NECESSARY)

Please explain any gaps in employment.

No (  ) Please indicate if you do not want us to contact your present employer.

Name of Employer	Address	Phone #	Supervisor	Salary	From/To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PERSONAL REFERENCES**  
(DO NOT LIST RELATIVES)

NAME	ADDRESS	PHONE #
OCCUPATION	YEARS KNOWN	
NAME	ADDRESS	PHONE #
OCCUPATION	YEARS KNOWN	
NAME	ADDRESS	PHONE #
OCCUPATION	YEARS KNOWN	

You are encouraged to attach a resume to this application.

The facts set forth above in my application are true and complete, and I hereby authorize you to make any investigation necessary to verify the information provided in this application. I understand and agree that any false statement in this application shall be sufficient cause for rejection of this application or, if employed, sufficient cause for dismissal, subject to the applicable provisions of the law, regardless of when the falsity of the statement is discovered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date