

**NEW HYDE PARK -
GARDEN CITY PARK**
Union Free School District



DR. JENNIFER MORRISON
Superintendent of Schools

1950 Hillside Avenue, New Hyde Park, NY 11040 • www.nhp-gcp.org • (516) 434-2320 • Fax: (516) 354-7906

February 4, 2019

FOR POSTING

**PROVISIONAL BUS DRIVER
PART TIME DRIVER/SUBSTITUTE DRIVER**

K – 6 School District

**Clean CDL with Passenger and School Bus
Endorsement**

**BUS DRIVER - Salary as per union contract
PART TIME DRIVER - \$16.67/Hour
SUBSTITUTE DRIVER - \$110/Day**

Send letter of interest and resume to:

**Erik Nakutavicius
Director of Facilities & Transportation
New Hyde Park – Garden City Park UFSD
1950 Hillside Ave.
New Hyde Park, N.Y. 11040**

EOE

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:

Table with 5 columns: SPECIALITY, LICENSE #, ISSUED BY, EXPIRES. Includes three rows of blank lines for data entry.

Continued on reverse side

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