

GALWAY CENTRAL SCHOOL DISTRICT

Position you are applying for: _____

LAST NAME	FIRST NAME	MI	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)		SOCIAL SECURITY NUMBER	

INDICATE HIGHEST LEVEL OF EDUCATION:

HIGH SCHOOL 9 10 11 12 SCHOOL NAME _____ DATES ATTENDED _____
COLLEGE 1 2 3 4 SCHOOL NAME _____ DATES ATTENDED _____

PREVIOUS EMPLOYMENT: List name, address, phone number and supervisor at each place where you were employed for the last three (3) years:

REFERENCES: List names, titles, addresses and phone numbers of three business references that we may contact:

EXPERIENCE: Describe below any experience you have had which you feel makes you particularly qualified for the position for which you are applying:

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please provide details:

Have you ever been fingerprinted for employment in a school district? Yes No
If yes, where and when: _____

To the best of my knowledge and belief the answers to the above questions are true.
IT IS A MISDEMEANOR IN NYS TO KNOWINGLY MAKE A FALSE STATEMENT ON AN EMPLOYMENT APPLICATION.

SIGNATURE OF APPLICANT

DATE

RETURN APPLICATION ALONG WITH A COVER LETTER AND RESUME TO:

Superintendent of Schools
Galway Central School District
5317 Sacandaga Road
Galway, NY 12074

The Galway Central School District does not discriminate in employment or in the educational programs and activities which it operates on the basis of sex, sexual orientation, age, ethnicity, religion, race, or handicap in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or §504 of the Rehabilitation Act of 1973 and the NYS Human Rights Law.

Form revised 01/06