

PLEASE READ PRIOR TO COMPLETING YOUR EMPLOYMENT APPLICATION

Effective Immediately...All candidates for *Substitutes, Student Interns, Student Teachers* and *Volunteers* must complete the following requirements **prior** to submitting their applications for employment:

- ✓ **Fingerprint Clearance** – Fingerprinting application and instructions can be found at:
<http://www.nysed.gov/educator-integrity/fingerprint-process>
Note: Once you have been fingerprinted, please call Jamie Bowman, Secretary to the Superintendent, at 716-665-6624, option 4, with your social security number so she can access your fingerprint clearance from the TEACH Website.

- ✓ **Acceptable Use Policy** – Please complete the attached policy and submit with your application for employment.

- ✓ **Sexual Harassment Training** – Please call Jamie Bowman at 716-665-6624, option 4, with your email address and an account will be set up for you allowing you to access the online training course.
Follow the steps below to complete your Falconer Central School Safety Training requirement:
Using your web browser, go to the SafeSchools website for Falconer Central School –
<https://falconer-ny.safeschools.com/>
Enter Your Username: first initial of first name and last name – i.e., Steve Martin – smartin Once you log into the site, click on the course title to begin the training. The course has audio, so be sure to turn up your speakers. You must complete each section of the course in order to receive full credit.
At the end of the video there will be a short quiz. Upon completion of the quiz, you will be issued a certificate. ***Please include your certificate with your application.***

Thank you for your interest in the Falconer Central School District!

FALCONER CENTRAL SCHOOL

**2 East Avenue, N.
Falconer, NY 14733**

Extra-Curricular Application

Position Applying For: _____

*****Please specify if this position is for a Volunteer***

Date of mandatory fingerprinting ____ / ____ / _____

Name _____ Are you a U.S. Citizen? Yes ___ No ___
(Last) (First)

Address _____
(PO Box) (Street) (City/State) (Zip Code)

Home Phone _____ Cell Phone _____

Email _____

Previous Experience:

Former/Current Employers (beginning with most recent):

• Company Name _____ Start Date _____ End Date _____

Position/Duties:

• Company Name _____ Start Date _____ End Date _____

Position/Duties:



Please check (if applicable) any of the following courses you have completed and provide date taken:

(Please attach documentation to the application)

___ AED/CPR	Date _____	___ Philosophy	Date _____
___ First Aid	Date _____	___ Health Science	Date _____
___ Theory	Date _____		

References:

Professional

- Name _____ Address _____
Phone _____ Title _____
- Name _____ Address _____
Phone _____ Title _____

Personal

- Name _____ Address _____
Phone _____
- Name _____ Address _____
Phone _____

Have you ever been convicted of a crime? Yes ___ No ___

Has an investigation ever been conducted or pending
at the time of separation from prior employment? Yes ___ No ___

Applicant Signature _____ Date _____