



**Board of Education**  
**Colton-Pierrepont Central School**  
 4921 State Highway 56  
 Colton, NY 13625  
 (315) 262-2100

Miscellaneous Information: Please list any special education, training, or experience which you feel may have a positive bearing on holding this position.

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What do you consider the most important qualities, talents, or characteristics which you have to bring to this position? Please present your thoughts briefly.

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I attest to the fact that all information in this application is true and accurate.

SIGNATURE OF APPLICANT

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**DO NOT WRITE IN SPACE BELOW – OFFICE USE ONLY**

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_

Comments

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***The Colton-Pierrepont Central School is an Equal Opportunity and an Affirmative Action Employer according to Civil Rights Legislation and Title IX compliance office in the District in case of question.***

LEAVE THIS SPACE BLANK  
Type of payment

FEE

\$ \_\_\_\_\_

ST. LAWRENCE COUNTY CIVIL SERVICE  
48 COURT STREET  
CANTON, NY 13617  
APPLICATION FOR EXAMINATION OR EMPLOYMENT

LEAVE THIS SPACE BLANK

APPROVED  DISAPPROVED

BY: \_\_\_\_\_  
REASON: \_\_\_\_\_

Insert below, Title of Position applying for and Examination Number (if applicable)

Rev: 09/13

TITLE:

EXAM NO.

This application is part of your examination. Answer all questions fully and carefully in ink or typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give completed and detailed information.

1. PERSONAL INFORMATION

Social Security Number \_\_\_\_\_

LAST NAME FIRST NAME INITIAL

STREET ADDRESS OR ROAD

CITY STATE ZIP CODE

Phone Number (include area code)

Home Business

**IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION**

5. (A) Have you ever been convicted of a crime? (felony or misdemeanor)  
Yes  No

(B) Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? Yes  No

(C) Are you now under charges for any crime? Yes  No

(D) Were you ever dismissed from any public employment for disciplinary reasons? Yes  No

(E) Did you ever resign from any employment rather than face discharge? Yes  No

If answers to any question is "YES" give full particulars in #8 or on additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

2. RESIDENCE

Fill in names of the city or village, town, county, state, school district of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

	Name of	YEARS	MONTHS
City or Village			
Town			
County			
State			
School District			

6. Are you a certified exempt volunteer firefighter registered with St. Lawrence County Clerk's office? Yes  No

3. CITIZENSHIP, SEX & AGE (For Police Officer, Deputy Sheriff, Corrections Officer & Probation Officers ONLY)

Are you a citizen of the United States CHECK ONE BOX

Yes, by birth  Yes, by naturalization  No, not a citizen

MALE  FEMALE

For Police and Deputy Sheriff ONLY - Date of Birth \_\_\_\_\_

These questions are required by Civil Service Law. By agreement with the Commission for Human Rights, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parent or husband, submit proof to this department in person, or send proof by registered mail. Your documents will be returned by registered mail.

7. Use this space to explain an answer of "YES" to #5 above.

Item# Explanation

4. VETERAN'S CREDITS

A disabled or non-disabled veteran who wishes to establish eligibility for additional credits MUST submit Veteran's Credit forms prior to the establishment of the eligible list.

Have you ever, since January 1, 1951, been permanently appointed/promoted in the service of New York State or any of its Civil Divisions from an eligible list as a result of veteran's credits granted you on such a list?  Yes  No

If yes, do not continue with this section, you are no longer eligible to use your veteran's credits. If no, please complete this section.

Do you claim additional credits as an honorably discharged war veteran?

Yes, as a disabled war veteran (A)

Yes, as a non-disabled war veteran (B)

Yes, as a member of commissioned corps of the US Public Health Services (C)

If you answered Yes to (A) or (B) above, check the appropriate box:

- World War II Dec. 7, 1941 - Dec 31, 1946
  - Korean Conflict June 27, 1950 - Jan 31, 1955
  - Viet Nam Conflict Feb. 28, 1961 - May 7, 1975
  - \*Hostilities in Lebanon June 1, 1983 - Dec 1, 1987
  - \*Hostilities in Grenada Oct. 23, 1983 - Nov 21, 1983
  - \*Hostilities in Panama Dec. 20, 1989 - Jan 31, 1990
  - Persian Gulf Conflict Aug. 2, 1990 - End of Persian Gulf Conflict
- \*Armed Forces, Navy or Marine Corps expeditionary medal is required.

If you answered YES to 4. (C) above, check the appropriate box:

July 29, 1945 - Dec. 31, 1946  June 27, 1950 - July 3, 1952

8. Have you a license, certificate or other authorization to practice a trade or profession? Yes  No

Name of trade or profession \_\_\_\_\_

License No. \_\_\_\_\_ Granted by \_\_\_\_\_

Licensed From: \_\_\_\_\_ To: \_\_\_\_\_

9. If a motor vehicle license is required for the position for which you are applying, give the following

Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

10. **THIS DECLARATION MUST BE COMPLETED**

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING STATEMENTS MADE IN ANY ACCOMPANYING PAPERS) HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

PLEASE COMPLETE PAGE 2 OF APPLICATION

11. EDUCATION: (If more space is required for full explanation attach additional sheets above this line)

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION	NO. OF YEARS COMPLETED	WERE YOU GRADUATED?	DAY OR NIGHT	FULL OR PART TIME	TYPE OF COURSE OR MAJOR SUBJECT	CIRCLE HIGHEST SCHOOL YEAR COMPLETED IN GRAMMER, JUNIOR HIGH, OR HIGH SCHOOL											
							1	2	3	4	5	6	7	8	9	10	11	12
HIGH SCHOOL							NUMBER OF COLLEGE CREDITS RECEIVED						DEGREE RECEIVED					
COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL																		
OTHER SCHOOL OR SPECIAL COURSES																		

12. **EXPERIENCE:** DESCRIBE UNDER THE HEADINGS GIVEN BELOW ANY EMPLOYMENT OR OCCUPATION YOU HAVE EVER HAD WHICH INCLUDES EXPERIENCE THAT TENDS TO QUALIFY YOU FOR THE POSITION SOUGHT, AND AS FAR AS POSSIBLE, EVERY OTHER EMPLOYMENT, INCLUDING MILITARY SERVICE. BEGINNING WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. APPLICANTS MAY BE REQUIRED TO FURNISH SATISFACTORY PROOF OF EXPERIENCE CLAIMED. NO ADDITION OF NEW MATERIAL CAN BE MADE TO THIS SECTION AFTER APPLICATION APPROVAL/DISAPPROVAL. DO NOT SUBSTITUTE A RESUME FOR THIS SECTION

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			
DUTIES:			

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			
DUTIES:			

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			
DUTIES:			

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, DISABILITY, GENETIC PREDISPOSITION OR CARRIER STATUS, OR MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, DISABILITY, GENETIC PREDISPOSITION OR CARRIER STATUS, OR MARITAL STATUS OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

**BACKGROUND INVESTIGATIONS, FINGERPRINTS AND FEES**  
 FINGERPRINTING IS SOMETIMES REQUIRED AT THE TIME OF APPOINTMENT. IF SO, YOU MAY BE REQUIRED TO PAY THE PROCESSING FEE. BACKGROUND INVESTIGATION: APPLICANTS MAY BE REQUIRED TO UNDERGO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND INVESTIGATION, WHICH WILL INCLUDE A FINGERPRINT CHECK, TO DETERMINE SUITABILITY FOR APPOINTMENT. FAILURE TO MEET THE STANDARDS FOR THE BACKGROUND INVESTIGATION MAY RESULT IN DISQUALIFICATION.