



Area of Certification: \_\_\_\_\_  
State License #: \_\_\_\_\_  
Date of License: \_\_\_\_\_

Other Licenses/Permits or Pending Licenses/Permits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate when application has been made: \_\_\_\_\_

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**C. EMPLOYMENT HISTORY:** Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part time employment. If need, please attach an extra page.

1. Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Employed from: \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ Job Title: \_\_\_\_\_  
Full Time  Part Time  Average number of hours per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Final Base Salary: Annual  \_\_\_\_\_ Weekly  \_\_\_\_\_ Hourly  \_\_\_\_\_  
Name & Title of Immediate Supervisor: \_\_\_\_\_  
Telephone Number and/or Email Address: \_\_\_\_\_  
Briefly Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Employed from: \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ Job Title: \_\_\_\_\_  
Full Time  Part Time  Average number of hours per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Final Base Salary: Annual  \_\_\_\_\_ Weekly  \_\_\_\_\_ Hourly  \_\_\_\_\_  
Name & Title of Immediate Supervisor: \_\_\_\_\_  
Telephone Number and/or Email Address: \_\_\_\_\_  
Briefly Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ Job Title: \_\_\_\_\_

Full Time  Part Time  Average number of hours per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Final Base Salary: Annual  \_\_\_\_\_ Weekly  \_\_\_\_\_ Hourly  \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

Telephone Number and/or Email Address: \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please explain any gaps in employment in excess of two months during the past 15 years.

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\_\_\_\_\_

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#### D. OTHER BACKGROUND QUESTIONS:

1. Have you used sign language? Please describe your experience/level using sign language.

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been discharged or asked to resign from any employment? No  Yes  If yes, please explain briefly.

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under the law)? No  Yes

4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you?

No  Yes  **Note:** A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. For any conviction or charges pending against you (as described in question #3 of this section), please explain below:

Offense	Disposition including Date/Conviction	Name/Location of Court	Incarceration

6. Are you a retiree of either a New York City or State agency or currently collection a State/City pension? No  Yes   
 If yes, are you willing to suspend pension payment if offered a position with SMSD? No  Yes
7. St. Mary's School for the Deaf may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Kindly provide name, title, address, daytime telephone number, and company affiliation for each reference listed.

**PROFESSIONAL REFERENCES**

Name / Title	Address / Phone Number	Company Affiliation

**Applicant Attestation:** *By my signature below, I declare and affirm that I have read and fully understand that:*

*Any misrepresentation or material omission of facts in this application or any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume / CV), or any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired.*

*Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to hiring official. This verification may, but need not, begin prior to my receiving an offer.*

*An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to St. Mary's School for the Deaf.*

*No manager or representative of St. Mary's School for the Deaf has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing St. Mary's School for the Deaf.*

*Any representation that is contrary to the policies, even when made in writing, is unenforceable.*

*Under federal law, St. Mary's School for the Deaf is required to verify my employment eligibility and my identity. At that time, I will produce legitimate supporting documents.*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*