



## HISTORY OF EMPLOYMENT

Account for all past employment. Use additional sheets if necessary.

Dates	Former Employer	Type of Business	Your Position	Rate of Pay
From	Name			
To	Address			
Reason for Leaving				
From	Name			
To	Address			
Reason for Leaving				
From	Name			
To	Address			
Reason for Leaving				
From	Name			
To	Address			
Reason for Leaving				
From	Name			
To	Address			
Reason for Leaving				

### FINGERPRINT STATUS

You must be fingerprinted by the NYS Department of Education before you may begin to substitute for Honeoye Falls-Lima CSD.

1. \_\_\_\_\_ I have been fingerprinted.  
If you have been printed please click on the OSPRA 102 link, print out the form, fill it out and send it in with your application. **Be sure to fill in Title of Position.**
2. \_\_\_\_\_ I have not been fingerprinted.  
If you have not been printed yet, please visit this site after you have been printed and follow the directions above.

### POSITION DESIRED

Please complete the following questions in the appropriate area.

#### SECRETARIAL

1. Skills:
 

a. Typing _____	c. Speed Writing _____
b. Shorthand _____	d. Office Machines _____
2. If you are applying for more than one secretarial position, list in order of preference:  
\_\_\_\_\_
3. Position Period: Full Time  Part Time  Substitute Work

**SCHOOL LUNCH**

- 1. Type of Position Desired?
  - a. Manager \_\_\_\_\_
  - b. Cook \_\_\_\_\_
  - c. Baker \_\_\_\_\_
  - d. General Cafeteria Duty \_\_\_\_\_
- 2. Position Period: Full time  Part Time  Substitute Work

**MAINTENANCE**

- 1. Type of Position Desired?
  - a. Cleaner \_\_\_\_\_
  - b. Carpenter \_\_\_\_\_
  - c. Electrician \_\_\_\_\_
  - d. Painter \_\_\_\_\_
  - e. General Mechanic \_\_\_\_\_
  - f. Groundsperson \_\_\_\_\_
  - g. Laborer \_\_\_\_\_
  - h. Custodian \_\_\_\_\_

**TRANSPORTATION**

- 1. Type of Position Desired?
  - a. Driver \_\_\_\_\_
  - b. Mechanic \_\_\_\_\_
  - c. Courier \_\_\_\_\_
- 6. Have you ever attended an approved School Bus Driver Training Course? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
- 2. Position Period: Full time  Part Time  Substitute Work
- 3. Hours Available: From: \_\_\_\_\_ To: \_\_\_\_\_
- 4. Operator’s License? Yes  No
- 5. Chauffeur’s License? Yes  No

**OTHER** (Handicapped Student Aide, Paraprofessional, School Nurse or Lunchroom Monitor)

- 1. Type of Position \_\_\_\_\_
- 2. Position Period: Full time  Part Time  Substitute Work
- 2. Degree, Certificate or License Held (if applicable), Paraprofessional positions require either an Associates degree or higher or 48 credit hours at an accredited college or university.

Use this space for additional comments that may assist us in evaluating your training and experience.

I certify that the above answers are true and complete and am aware that any material and deliberate falsification of fact on the above is grounds for discharge. I further agree to take any future physical examination the District may deem necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_