

Wynantskill

UNION
FREE
SCHOOL
DISTRICT

25 EAST AVENUE, TROY, NEW YORK 12180

BUSINESS OFFICE PHONE (518) 283-4679 x 14

AIDE APPLICATION

DATE

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS

FIRST PHONE NUMBER

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

EDUCATIONAL BACKGROUND:		
<u>NAME & ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>DEGREE/DIPLOMA</u>
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER		

AREA OF INTEREST (PLEASE CHECK ALL THAT APPLY)

AVAILABILITY:

M__ TU__ W__ TH__ F__

CAFETERIA AIDE ___

RECESS AIDE ___

CLASSROOM/STUDENT AIDE ___

BUS AIDE ___

NURSE AIDE ___

TEACHING EXPERIENCE (NONE REQUIRED)

DATES	SCHOOL NAME & ADDRESS	SUBJECTS/GRADE

TEACHING INTERESTS: GRADES: KINDERGARTEN _____
PRIMARY 1-5 _____
MIDDLE SCHOOL 6-8 _____

SPECIAL SUBJECT AREAS FOR MIDDLE SCHOOL:

MATH _____ SCIENCE _____ ENGLISH _____ SOCIAL STUDIES _____ LANGUAGE _____
COMPUTER KNOWLEDGE/EXPERIENCE _____

REFERENCES: PLEASE LIST THE NAMES AND COMPLETE MAILING ADDRESS OF AT LEAST THREE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO MAY BE CONTACTED BY SCHOOL OFFICIALS FOR REFERENCES AS TO YOUR QUALIFICATION, CHARACTER AND RELIABILITY.

1. NAME _____ 2. NAME _____
ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

3. NAME _____
ADDRESS _____

PHONE _____

WYNANTSKILL UFSD OFFERS EMPLOYMENT WITHOUT REGARDS TO SEX, RACE, COLOR, NATIONAL ORIGIN OR HANDICAP. COMPLAINTS RELATING TO COMPLIANCE WITH THIS POLICY MAY BE MADE TO: TITLE IX, SECTION 504 COORDINATOR, WYNANTSKILL UFSD, 25 East Avenue Troy NY 12180 PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, THE WYNANTSKILL UFSD WILL PROVIDE REASONABLE ACCOMMODATIONS TO JOB APPLICANTS AND EMPLOYEES WHO ARE QUALIFIED INDIVIDUALS AND DISABILITIES.

NOTE: APPLICATION FORMS BECOME PART OF YOUR PERMANENT RECORDS FOLDER. PLEASE BE CERTAIN THAT ALL INFORMATION IS GIVEN CORRECTLY.