

New York School for the Deaf Application for Employment

New York School for the Deaf is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT IN INK. Complete the entire application. You may attach a resume, but you must still complete all questions. Please fill out each box (don't just indicate "See Resume.")

Date of Application:	Name (Last, First, Middle):	Position(s) applying for:	
Street Address:		City, State & Zip:	
		Applying for: <input type="checkbox"/> FT <input type="checkbox"/> PT	
Email:	Home/VP Phone:	Cellular/Text Phone:	
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, do you have authorization to work in the U.S.?	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed at New York School for the Deaf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever filed an application with New York School for the Deaf before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give date?	
Have you ever been employed by New York School for the Deaf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current New York School for the Deaf employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & relationship to you?	
How were you referred to New York School for the Deaf? Check only one:			
<input type="checkbox"/> By Your College (name of college):		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Referral by an Employee - if so, give name:		<input type="checkbox"/> NYSD Website	
<input type="checkbox"/> Employment website/social media:		<input type="checkbox"/> Other (explain):	

EDUCATION (Applicants may be required to provide proof of diploma/transcript and/or degrees claimed.)

Name of School	City/State	Did you graduate?	If No, expected date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical/Trade: (After high school)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Post Graduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other credentials/ licenses/ professional affiliations/ professional certifications/ scholastic honors, etc., which are relevant to the job(s) for which you are applying. (Exclude those indicating race, color, religion, sex, national origin, age or disability)

SKILLS Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

Knowledge of American Sign Language? Yes ___ No ___ Proficiency:

WORK EXPERIENCE Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

Dates employed for current or most recent position: From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # of hours/week:	Job Title:
Supervisor’s Name, Title and Phone #:	Primary Duties:	
Organization Name and Address:		
Reason for leaving:	Type of business:	Contact my current employer: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Not at this time
Dates employed for current or most recent position: From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # of hours/week:	Job Title:
Supervisor’s Name, Title and Phone #:	Primary Duties:	
Organization Name and Address:		
Reason for leaving:	Type of business:	Contact my current employer: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Not at this time

Dates employed for current or most recent position: From: _____ To _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # of hours/week: _____	Job Title:
Supervisor's Name, Title and Phone #:	Primary Duties:		
Organization Name and Address:			
Reason for leaving:	Type of business:	Contact my current employer: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Not at this time	

PROFESIONAL/PERSONAL REFERENCES List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying. Also, list at least two non-related persons who may be contacted regarding your character and professional ability.

Name	Email Address	Phone Number	Relationship	Yrs Known

Wage or salary requirement: _____

Date available to start: _____

A Physical Examination and/or background check will be required.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I hereby certify that the above answers are true and correct to the best of my knowledge. I understand that falsification of information may result in withdrawal of a job offer or may result in termination if employed. I authorize New York School for the Deaf to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations.

Applicant Signature: _____

Date: _____