

Received:
(Stamp)

PLAINFIELD PUBLIC SCHOOLS
651 NORWICH ROAD
PLAINFIELD, CT 06374
(860)564-6403

For Office Use Only:
POSITION: _____
Interviewed On: _____
Rate: _____ Start: _____
Apprv'd By: _____/_____/_____
Supt. Apprv'd: _____/_____/_____

APPLICATION FOR NON-CERTIFIED EMPLOYMENT
(For Positions which do not fall under the Teachers' Retirement Board)

NOTE: All sections must be completed in order for this application to be considered. Please **PRINT clearly or **TYPE** and return this form to the Superintendent of Schools.**

NAME: (Last) _____ (First) _____ (Middle Initial) _____

ADDRESS: (Street) _____ (P.O. Box where applicable) _____

(City) _____ (State) _____ (Zip) _____

TELEPHONE NUMBER _____ **SOCIAL SECURITY NUMBER** _____

POSITION(S) FOR WHICH YOU ARE APPLYING: (Please check):

- PARAPROFESSIONAL (AIDE) - THERAPIST - BUS DRIVER - CROSSING GUARD
- CUSTODIAN - MAINTENANCE - SECRETARY - OTHER _____

NOTE: NURSE & CAFETERIA POSITIONS USE A DIFFERENT APPLICATION.

PERSONAL DATA:

Are you a U.S. citizen? _____ If not, What Country? _____

General Health: _____ Date of last physical: _____

Present Employer: _____

Describe what you do: _____

Current Salary: Annual _____ Hourly _____

AVAILABILITY OF APPLICANT:

Available as of: _____ Shift Preference: _____

Partial Day _____ Full Day _____ Either _____

Best time for interview: _____ Day of Week: _____

EDUCATIONAL PREPARATION:

Date Attended	High School/College	State	Diploma/Degree Obtained

RELATED WORK EXPERIENCE:

From: Mo./Yr.	To: Mo./Yr.	Firm/Institution & Location	Nature of Work

REFERENCES:

Name, Address & Telephone of three contacts who agree to give references:

- 1. _____
- 2. _____
- 3. _____

BUS DRIVER APPLICANTS: CDL Operator's License No. _____

Are you willing to work A.M. Run? _____ P.M. Run? _____ Field Trips? _____

Do you have a valid operator's license? _____ Type: _____

Training may be provided to applicants committed to Plainfield Public Schools.

Connecticut's Public Act 93-328 -- An Act Concerning Applicants For School Employee Position

The Plainfield Public School System has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet the requirements pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any **other name**? If yes, please list the name(s) below.

Yes No _____

2. Have you ever been **convicted of a crime**, either within or outside of Connecticut?

Yes No If yes, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are any criminal **charges currently pending** against you either within or outside the State of Connecticut?

Yes No If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Plainfield Public Schools, I will be required to submit to a state and national criminal history check within a period of 90 days from my date of employment and I will be required to submit to fingerprinting for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Plainfield Board of Education, the Board may immediately terminate my contract of employment in accordance with the provisions of Public Act No. 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers, and academic institutions to supply any applicable information regarding my background to the Plainfield Board of Education and to its agents, and I hereby release all such former employers, law enforcement agencies, and academic institutions, their agents and employees from any liability arising from supplying and the use of such information.

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application for employment and I understand that any omission and/or falsehood made by me on this application will be sufficient grounds for denial of employment or for my discharge should I become employed by the school district.

Signature

Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER