

ILION CENTRAL SCHOOL DISTRICT
P.O. BOX 480
ILION, NEW YORK 13357

NAME: _____ DATE: _____
PERMANENT ADDRESS: _____
TELEPHONE: _____ SOCIAL SECURITY: _____
UNITED STATES CITIZEN: YES ___ NO ___
LENGTH OF MILITARY SERVICE IF ANY: _____
POSITION FOR WHICH YOU ARE APPLYING: _____
DATE AVAILABLE FOR EMPLOYMENT _____

Have you any objections to our making inquiries regarding your character and qualifications from:
a. your former employers? ___ b. your present employer? _____

RECORD OF EDUCATION

<u>INSTITUTION:</u>	<u>DEGREE OR DIPLOMA</u>
_____	_____
_____	_____
_____	_____
_____	_____

RECORD OF EXPERIENCE

List previous employment, starting with most recent:

Firm name: _____ Address: _____
Type of business: _____ Your title: _____
Name and title of immediate supervisor: _____
Employed from _____ to _____ Monthly salary \$ _____
Duties: _____
Reason for leaving _____

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Signature : _____