



WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
FAX: (585) 336-3154
www.westirondequoit.org

DATE: _____

EMPLOYEE APPLICATION FOR K-6 EXTENSION PROGRAM

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE WEST IRONDEQUOIT SCHOOL DISTRICT? _____

DATES OF EMPLOYMENT: _____ POSITION: _____

EMPLOYMENT DESIRED

_____ TEACHER _____ LEAD TEACHER

SITE AND HOURS PREFERRED:

_____ ROGERS ___AM (7:00 a.m. until the start of school) ___PM (Dismissal time until 6:00 p.m.)

_____ IROQUOIS ___AM (7:00 a.m. until the start of school) ___PM (Dismissal time until 6:00 p.m.)

EDUCATION:

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EXPERIENCE:

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CERTIFICATION:

REFERENCES: (List one business and one personal - Name, Address, Phone)

1. _____
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2. _____

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I certify that the statements made in this application are true to the best of my knowledge and belief and authorize any individual, company, or institution with whom I have been associated, to furnish WICSD Community Education with any information concerning my employment.

SIGNATURE: _____ DATE: _____