Bridgehampton Union Free School District PO Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932

Telephone: (631) 537-0271 Facsimile: (631) 537-9038

I. PC	SITION: Support Staff Date:						
Position app	ying for:						
II. PE	RSONAL INFORMATION:						
Name:							
Mailing A	dress:						
Telephone	Telephone #: Home () - Work: () - Cell: () -						
Social Security Number:							
Have you	ver been convicted of a crime?						
If yes, Exp	ain:						
	FOR OFFICE USE ONLY						
Comple	ted Application/cover Letter						
Comments							
	FOR OFFICE USE ONLY						
III. Certif	cation/License						
	ense Number: State:						
IV. EDU	ATIONAL PREPARATION						
Vocationa	Technical/ Trade: :						
Course of	Study:						
Degree:							
Year of G	aduation:						
High Scho	ol:						
Course of	Study:						
Year of G	aduation:						

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College:					
Course of Study:					
Degree:					
Year of Graduation:					
V. EXPERIENCE					
List most recent experience first, include any substitute or part time teaching, and indicate as such					
Employer's Name and A					
Specific Nature of Posit	ion:				
Reason for Leaving:					
Employer's Name and A	ddress:				
Specific Nature of Posit	ion:				
Reason for Leaving:					
Employer's Name and A	ddress:				
Specific Nature of Posit	ion:				
Reason for Leaving:					
VI. Were you ever fired from	n a job ? ∐Yes □N	О			
If yes, what was the reas	son given to you:				
VII. REFERENCES:					
List four individuals have	ing personal knowled	lge of your professional training, ability, experience			
and personal character.	Include the name, add	dress, and telephone number of your last supervisor			
who may be contacted for	or personal or professi	ional reference.			
1. Name:	Position:	Phone: () -			
Address:					
2. Name:	Position:	Phone: () -			
Address:					

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1	elephone. (001) 001-0211	racsiline. (031) 337-3030	
3. Name:	Position:	Phone: ()	-
Address:			
4. Name:	Position:	Phone: ()	-
Address:			
May we contact ye	our present employer?: Yes	s 🗌 No	
May we contact ye	our former employer(s)?:	Yes No	
Present Employer	Contact Name:		
Former Employer	Contact Name:		
	have provided is true and acculy reporting information could	•	ny employment history. te termination of employment.