

**WILSON CENTRAL SCHOOL DISTRICT  
WILSON, NEW YORK**

**EMPLOYMENT APPLICATION – FITNESS CENTER SUPERVISOR**

Name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  VOLUNTEER  PAID\*

Day(s) Available: \_\_\_\_\_ Time(s) Available: \_\_\_\_\_

Current CPR/AED Certification:  YES\*  NO \*If YES, Date of Expiration: \_\_\_/\_\_\_/\_\_\_

Current FIRST AID Certification:  YES\*  NO \*If YES, Date of Expiration: \_\_\_/\_\_\_/\_\_\_  
*(Please submit any/all copies of current CPR/AED and/or First Aid Certification Cards with application.)*

**SUPERVISION or OTHER RELEVANT FITNESS CENTER EXPERIENCE:**

From → To:	Position/Job Duties:
_____	_____
_____	_____

**PLEASE USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATION:** \_\_\_\_\_

\_\_\_\_\_

**APPOINTMENT AS A \*PAID SUPERVISOR IS CONTINGENT ON NYS EDUCATION DEPARTMENT FINGERPRINT CLEARANCE. HAVE YOU BEEN FINGERPRINTED?**  Yes  No

**HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OR ORDINANCE OTHER THAN MISDEMEANORS OR TRAFFIC VIOLATIONS?**  Yes  No

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby represent that each answer to a question herein and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements or information furnished by me during the selection process will subject me to disqualification from consideration or termination of my volunteer relationship at any time. I hereby authorize my former employers and organizations to which I volunteer services to furnish any other information they may have concerning me, including but not limited to character, general reputation and personal characteristics. I understand that my volunteer services are for no definite period and may be terminated at any time without previous notice. All applications will be discarded after one year. Please complete a new application if you still wish to be considered after this lapse of time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES REQUIRED PRIOR TO APPOINTMENT**

The Wilson Central School District advises students, parents, employees and the general public that it does not discriminate on the basis of sex, race, color, national origin, handicapping conditions, marital status or veteran status in the employment or the educational programs, including vocational education opportunities, and activities which it operates, and is in full compliance with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding this nondiscrimination policy and copies of the grievance procedure for the prompt resolution of complaint may be directed to the attention of Joseph Tette, Wilson Business Administrator, Wilson Central School District, P.O. Box 648, Wilson, NY 14172 (716) 751-9341.