

EMPLOYMENT

Are you presently working? ___ Yes ___ No Are you a Certified Nurse Assistant? ___ Yes ___ No

Employment History (most recent first)

Employer/Institution	Complete Address	Dates Employed

The Syracuse City School District hereby advises students, parents, employees, and the general public that it offers employment and educational opportunities, including vocational education opportunities, without regard to age, gender, race, color, religion, marital status, sexual preference, national origin or disability.

Questions regarding this Title IX and Section 504 Statement may be referred to the building principal or District Compliance Officer at:

*Syracuse City School District
725 Harrison Street
Syracuse, NY 13210
(315) 435-4212*

I understand that this application will not be complete until I have submitted a copy of my High School Transcript or GED Diploma. (Transfer students must submit a transcript from previous nursing program.)

I also understand that falsification of any information on the application will be reason to deny my admission or to terminate me from the practical Nursing Program.

_____ *(Applicant's Signature)*

_____ *(Date)*