OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street, Olean, New York 14760
General Information:: (716) 375-8000
Fax: (716) 375-8-47
Website: www.oleanschools.org

OTA BID FORM

TO: Assistant Superintendent for Academic Services

FROM: _____

DATE: _____

RE: BID ON JOB OPENING

I would like to be considered for the position of _____
(Position Applying for)

at District _____ which is now open for bid. My present position in the
(School Position at)

Olean City School District is that of _____
(Present Job Title)

assigned at District _____ .
(Present School)

SIGNED: _____

ADDRESS: _____

PHONE #: _____