

### **ORCHARD PARK CENTRAL SCHOOL DISTRICT**

2240 Southwestern Blvd.

West Seneca, NY 14224

# APPLICATION FOR SUPPORT STAFF POSITION

Date:								
Name:	(Last)		(First)			(Middle)		
Address:	(Street)		(City)			(State)		(Zip)
Contact:	(Permanent Phone #)		(Alternate Phone 7	#)		(Email Addre	ess)	
If member of	f NYS Employees' Reti	rement	System, furnish #	<b>#</b> :				
POSITION PR	REFERENCE   Interested	in (check	all that apply):					
<ul> <li>Full Time</li> </ul>	<ul> <li>Part Time</li> </ul>	C	D Substitute	D	Temporar	y 🛛	Seasonal	
<ul> <li>Clerica</li> </ul>	al	• Cl	eaner			Computer Te	chnician	
Schoo	l Monitor	ο Οι	ıstodian			School Nurse	e (RN)	
Teach	er Aide	o Bu	ıs Driver		□ ,	Auto Mechan	ic	
<ul> <li>Mainte</li> </ul>	enance Worker	o Bu	ıs Attendant			Groundskeep	ber, Labor	
Other:								

The Orchard Park Central School District is an Equal Opportunity Employer and Educator who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Gender, Age, National Origin, Veteran Status, Disability, Genetic Information or Testing, Sexual Orientation, and Gender Identity or Expression. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint, or otherwise oppose discrimination.

Please return the completed signed application to the Personnel Office at the address above. Please be advised that an incomplete application may not be considered.

## PERSONAL BACKGROUND HISTORY:

1.	Can you meet the job description requirements with or without reasonable accommodations?	• YES	• <b>NO</b>
2.	<b>A.</b> Have you ever pleaded guilty to or been convicted of a crime, excluding minor traffic violations and summary offenses?	• YES	• <b>NO</b>
	If yes, describe in full:		
	<b>B.</b> If yes, have you been issued a certificate of relief from disability?	• YES	• <b>NO</b>
	<b>C.</b> Are any criminal charges or proceedings pending against you? If yes, please explain on a separate sheet.	• YES	• <b>NO</b>
3.	A. Are you a citizen of the United States?	□ YES	• <b>NO</b>
	<b>B.</b> If you are not a United States citizen, do you have the legal right to remain permanently in the United States?	• YES	• <b>NO</b>
4.	A. Were you previously employed by the Orchard Park CSD?	• YES	• <b>NO</b>
	If yes, provide details including job title, date of employments, and		
	reason for leaving:		
5۰	A. Have you been released or asked to resign from any employment?	• YES	• <b>NO</b>
	<b>B.</b> Have you ever resigned from any employment to avoid discharge or any other disciplinary action?	□ YES	• <b>NO</b>
	<b>C.</b> If you answered yes to either of the above questions, please explain on a separate sheet.	• YES	• <b>NO</b>
6.	A. Have you ever served in the US Armed Forces?	• YES	• <b>NO</b>
	If yes, which branch?		
	Dates of Duty: From: To:		
	<b>B.</b> Did you receive a dishonorable discharge? (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)	• YES	• <b>NO</b>

#### **EDUCATION:**

ELEMENTARY SCHOOL (NAME/CITY/STATE)	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?
	□5 □6 □7 □8	□ NO □ YES
HIGH SCHOOL (NAME/CITY/STATE)	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?
	□ 9 □ 10 □ 11 □ 12	• NO • YES
COLLEGE/UNIVERSITY (NAME/CITY/STATE)	MAJOR/MINOR	DEGREE EARNED
GRADUATE SCHOOL (NAME/CITY/STATE)	MAJOR/MINOR	DEGREE EARNED
Attach copies of your high school and college transcripts for all education described above.		

## **EMPLOYMENT**:

(List all employers, beginning with the most recent first.)

Name:	Dates From/To:
Address:	Name of Supervisor:
	Phone:
	Reason for Leaving:
Duties/Responsibilities:	

Name:	Dates From/To:
Address:	Name of Supervisor:
	Phone:
	Reason for Leaving:
Duties/Responsibilities:	

Name:	Dates From/To:
Address:	Name of Supervisor:
	Phone:
	Reason for Leaving:
Duties/Responsibilities:	

Name:	Dates From/To:
Address:	Name of Supervisor:
	Phone:
	Reason for Leaving:
Duties/Responsibilities:	

#### **PERSONAL REFERENCES:**

(List individuals who would be willing to provide character references. At least ONE former employer, but NO relatives.)

FORMER EMPLOYER		
Name:	Phone:	
Address:		

PERSONAL REFERENCE			
Name:	Phone:		
Address:			

PERSONAL REFERENCE		
Name:	Phone:	
Address:		

### APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, \_\_\_\_\_\_ (print name), hereby grant permission to the Orchard Park Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Orchard Park Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I will need to obtain fingerprint clearance in order to work in the District and will contact <u>www.identogo.com</u> or 1-877-472-6915 and follow the instructions. I understand that there is a one time fee of \$101.75 that I must pay for this service.

This employment application will be valid only for six (6) months from the date that it is completed.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT