ORCHARD PARK CENTRAL SCHOOL DISTRICT 2240 Southwestern Blvd. West Seneca, NY 14224

APPLICATION FOR SUPPORT STAFF POSITION

(First)		(Middle)	
(City)	(State)	(Zip Code)
(Alternate)	(Permanent	∍-ma	il address)
Retirement System, furnish	#		
Interested In (check all tha	t apply):		
Full Time Part Ti	me Sub	stitu	ite
☐ Cleaner	☐ Computer Technician		
☐ Custodian	☐ Schoo	l Nurs	se (RN)
☐ Bus Driver	Auto Mechanic		
☐ Bus Attendant	Groundskeeper, Labor		
Gender, Age, National Origin, Veteran Stati Ssion. We prohibit Retaliation against indivi	us, Disability, Genet duals who bring forth	ic Inforn	mation or Testing, omplaint, orally or in
STORY	Y	ES	NO
·			
been convicted of a crime, excludin nses?	g minor		
ificate of relief from disability?			
	(City) (Alternate) Retirement System, furnish Interested In (check all that	(City) (State (Alternate) (Permanent of the Company of the Compan	(City) (State) (Alternate) (Permanent e-main state of the computer of the com

Please return completed signed application to the Personnel Office at the address above.

Please be advised that an incomplete application may not be considered.

		YES	NO
c. Are any criminal charges or proceedings per lf yes, please explain on a separate sheet.	ending against you?		
3.a. Are you a citizen of the United States?			
b. If you are not a United States citizen, do you permanently in the United States?	u have the legal right to remain		
4.a. Were you previously employed by us?			
 b. If yes, provide details including job title, date for leaving. 	e of employments, and reason		
5.a. Have you been released or asked to resign	from any employment?		
b. Have you ever resigned from any employment disciplinary action?	ent to avoid discharge or any other		
c. If you answered yes to either of the above of separate sheet.	uestions, please explain on a		
6.a. Have you ever served in the US Armed For	ces?		
If yes, what branch?			
Dates of duty: From To:			
 b. Did you receive a dishonorable discharge? (If yes, please explain on a separate she an absolute bar to employment; other fadecision.) 			
EDUCATION			
NAME AND CITY/STATE			
ELEMENTARY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	
	□ 5 □ 6 □ 7 □ 8		☐ YES ☐ NO
HIGH SCHOOL	CHECK LAST YEAR COMPLETED	DID Y	OU GRADUATE?
	9	_	YES NO
COLLEGE	MAJOR/MINOR	DEG	GREE EARNED
GRADUATE SCHOOL			
	+		

Attach copies of your high school & college transcripts for all education described above.

EMPLOYMENT (LIST ALL EMPLOYEF	RS BEGINNING WITH THE MOST RECENT FIRST)
NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
PHONE:	REASON FOR LEAVING:
DUTIES:	,
NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
PHONE:	REASON FOR LEAVING:
DUTIES:	
NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
PHONE:	REASON FOR LEAVING:
DUTIES:	
NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
PHONE:	REASON FOR LEAVING:
DUTIES:	
	Γ INDIVIDUALS WHO WOULD BE WILLING TO PROVIDE CHARACTER ENCES, AT LEAST ONE FORMER EMPLOYER, BUT NO RELATIVES)
NAME:	PHONE:
ADDRESS:	
FORMER EMPLOYER	
NAME:	PHONE:
ADDRESS:	
PERSONAL REFERENCE	
NAME:	PHONE:
ADDRESS:	
PERSONAL REFERENCE	

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 www.identogo.com or 1-877-472-6915 and follow the instructions. I understand that there is a one time fee of \$99.00 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
PRINTED NAME OF APPLICANT
Date: