Randolph Central School – Non-Teaching Application

If we have posted/advertised an opening – please complete the application and return it to: Mrs. Maureen Pitts, District Clerk, RCS, 18 Main St., Randolph, NY 14772.

If you are interested in becoming a Non-teaching Substitute - please complete the application and call one of our Administrators to set up an appointment for your interview. Bring your completed application to the interview.

Administrators:
For substitute teacher aide, school monitor or office call:
Elementary – Mrs. Kristy Carlson, Principal, 358-7030, or Mrs. Kourtney Almeida, Director of Pupil Services, 358-7034.
High School – Mr. Jason Halpainy, Principal, 358-7007

For substitute cleaner call:
Mr. Dave Flaherty, Head Custodian, 358-7017

For substitute cafeteria worker call:
Mrs. Lori Benson, Cafeteria Manager, 358-7014
Clerical and Custodial positions are competitive positions through Civil Service.

**Randolph Central School**
18 Main St., Randolph, NY 14772
(716) 358-6161

Application for Non-Teaching (Classified) Position

Directions:
1. Please fill out this entire application in detail.
2. Be sure you have received three (3) reference forms along with this application form. Give one form to each of your references to complete. All three (3) reference forms must be returned with your application in order for your application to be considered.
3. Do not use relatives for references.

Date of Application __________________ Position(s) applied for ________________________________

Name ____________________________________________________________

First     Middle     Last

Address ____________________________________________________________

Number     Street     City     State     Zip Code

Cell Number __(_____)______________________________________________

Home Telephone __(_____)________________ Social Security Number _______/_____/______

Work Telephone __(_____)________________ NYS Retirement Number ______________________
(If you have one)

If you are under 18, can you furnish a work permit? ______ Yes ______ No

Have you filed an application here before? ______ Yes ______ No  If yes, give date __________________

Have you ever been employed here before? ______ Yes ______ No  If yes, give date __________________

Are you employed now? ______ Yes ______ No

May we contact your present employer? ______ Yes ______ No

On what date would you be available for work? ______________________________

Are you available to work ______ Full-Time ______ Part-Time ______ Shift Work ______ Temporary

Are you on a lay-off and subject to recall? ______ Yes ______ No

Have you ever been convicted of a crime?______________Are any criminal charges or proceedings pending against you?______________ If yes, provide the details including dates, places and description: ________

Are you legally authorized to work in the U.S.? ______ Yes ______ No

Veteran of the U.S. military service? ______ Yes ______ No  If yes, branch __________________________

Have you been fingerprinted as required by the NYS Education Dept.? ____ Yes ____ No
Can you meet the job description requirements for the position(s) for which you are applying with or without reasonable accommodation? ______ Yes ______ No

**Applicants for custodial, maintenance or laborer type positions:**

Are you able to lift heavy objects and do physically demanding work?

_____ Yes _____ No     If no, explain:

Are you able to climb and work from ladders and scaffolds at heights of up to 40 feet?

_____ Yes _____ No     If no, explain:

**Applicants for clerical and aide type positions:**

Can you type? _____ Yes _____ No     If yes, give approximate words per minute ________________

Have you had experience using word processing software and computers?

_____ Yes _____ No     If yes, briefly explain:

Have you taken a Civil Service test within the past three years?

_____ Yes _____ No     If yes, which one(s)?

**References:** Give the name, address, and telephone number of three (3) references who are not related to you. Have each of them complete a Reference Form (attached).

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate race, color, religion, gender, national origin or sexual orientation.

1. Employer ___________________________ Telephone (____) _____________
   Address ____________________________________________________________
   Dates Employed: From _____________________ To _______________________
   Hourly Rate/Salary: Starting ___________________ Final _____________________
   Work Performed ______________________________________________________________________
   Job Title ____________________________ Supervisor’s Name__________________________
   Reason for leaving ____________________________________________________________________

2. Employer ___________________________ Telephone (____) _____________
   Address ____________________________________________________________
   Dates Employed: From _____________________ To _______________________
   Hourly Rate/Salary: Starting ___________________ Final _____________________
   Work Performed ______________________________________________________________________
   Job Title ____________________________ Supervisor’s Name__________________________
   Reason for leaving ____________________________________________________________________

3. Employer ___________________________ Telephone (____) _____________
   Address ____________________________________________________________
   Dates Employed: From _____________________ To _______________________
   Hourly Rate/Salary: Starting ___________________ Final _____________________
   Work Performed ______________________________________________________________________
   Job Title ____________________________ Supervisor’s Name__________________________
   Reason for leaving ____________________________________________________________________

4. Employer ___________________________ Telephone (____) _____________
   Address ____________________________________________________________
   Dates Employed: From _____________________ To _______________________
   Hourly Rate/Salary: Starting ___________________ Final _____________________
   Work Performed ______________________________________________________________________
   Job Title ____________________________ Supervisor’s Name__________________________
   Reason for leaving ____________________________________________________________________
### EDUCATION

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<thead>
<tr>
<th>School Name:</th>
<th>Elementary</th>
<th>High School</th>
<th>Technical/College/Univ.</th>
<th>Graduate/Professional</th>
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<tbody>
<tr>
<td>Circle Highest Year Completed:</td>
<td>6 7 8</td>
<td>9 10 11 12</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
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<tr>
<th>Diploma/Degree:</th>
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<table>
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<tr>
<th>Describe Course of Study:</th>
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**Special Skills and Qualifications**
Summarize special skills and qualifications acquired from employment or other experience.

Describe Specialized Training,  
Apprenticeship Skill, and  
Extra-Curricular Activities

Honors Received:

State any additional information you feel may be helpful to us in considering your application. You may attach additional information to this application.

### APPLICANT’S STATEMENT
I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand that a physical examination may be required for employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District.

Signature of Applicant

The Randolph CSD advises students, parents, employees and the general public that it offers equal employment and educational opportunities, including vocational education opportunities, without regard to gender, race, creed, religion, sexual orientation, military status, color, national origin, veteran status, disability, predisposing genetic characteristics, use of recognized guide dog, hearing dog or service dog, domestic violence victim status, marital status, ancestry, or age. Mr. Charles Shevlin, School Business Executive, is the Title IX Officer and Mrs. Kourtney Almeida, Director of Pupil Services, is the Title IX and Section 504 Compliance Officer, Randolph Central School, 18 Main St., Randolph, NY 14772, 716/358-6161.
Reference Form – Non-Teaching School Employee

Name of Applicant: _______________________________________________________________

The above named person has applied for a position as __________________________________ with the Randolph Central School District. It is understood that you may have knowledge of the character, qualifications, and fitness of the person named above for this position. We request that you complete this form, answering all of the questions below and on the reverse side as fully and specifically as possible. The information you furnish will be held strictly confidential. Thank you for completing this form immediately upon its receipt and please return it at once.

1. Approximately how long have you known this applicant? ________________________________

2. Have you ever worked with the applicant? _____ Yes _____ No
   a. If yes, give company name and address: _____________________________________________
   b. Date: From_________________________ To _________________________________
   c. What was his/her job during that period? ___________________________________________

3. Please check the qualifying term which most nearly expresses your opinion with respect to the applicant’s character and reputation:
   ______ Outstanding ______ Good ______ Satisfactory ______ Poor

4. Would you employ him/her as a ______________________________   _____  Yes  _____  No

5. Are you related to the applicant? ____________ Yes _______________  No
   If yes, state relationship __________________________________________

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment after being told his/her conduct or work was not satisfactory?
   _________ Yes _________ No
   If yes, please give:
   a. Name and address of employer: _________________________________________________
   b. Reason for discharge or resignation: _____________________________________________

7. Do you know of any physical impairment of the applicant which would interfere with performance of his/her duties as a ____________________________________________________________?
   _________ Yes _________ No
   If yes, please describe: __________________________________________________________

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8. Do you know of any arrests or convictions of the applicant?
   ______ Yes ________ No

   If yes, please describe: ________________________________________________________

9. How would you characterize the applicant’s response to other people?
   (Check as many items as necessary.)
   ______ Likeable  ______ Friendly  ________ Hard to get to know
   ______ Easy going  ______ Serious  _______ Easily annoyed
   ______ Inclined to argue

10. How does the applicant react to children?  (Check as many items as necessary.)
    ______ Easy going  ______ Firm but fair  ______ Easily annoyed  ______ Do not know
    ______ Friendly  ______ Would command respect  ______ Difficult to control temper

11. Would you like to have your children attend a school at which the applicant worked?  ___Yes__No

12. Which of the following best describes the applicant’s attitude toward work?
    ______ Has a tendency to try to avoid work.
    ______ Generally does just enough to get by.
    ______ Occasionally shows some initiative toward work.
    ______ Generally enjoys working, wants to be productive.
    ______ Do not know.

13. How would you characterize the applicant’s ability to work cooperatively in a group?
    ______ He/She usually works best alone.
    ______ He/She has problems working with others.
    ______ He/She can work either alone or in a group without problems.
    ______ He/She works best in a group situation.
    ______ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a
    ____________________________________________?  _____ Yes  _____ No

    If yes, explain: ______________________________________________________________

15. Remarks:  (Give any additional information which may assist us in determining the suitability of
    this person for the position of _________________________________.)

____________________________________________________________________________

I hereby certify that I have known the applicant whose name appears on this form, and that the answers to the
above questions with respect to him/her are true to the best of my knowledge and belief.

_____________________________  ____________________________  __________________
Signature  Name (please print)  Telephone Number
Name of Applicant: ________________________________________________________________

The above named person has applied for a position as ____________________________________
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qualifications, and fitness of the person named above for this position. We request that you complete this form,
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1. Approximately how long have you known this applicant? ________________________________

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3. Please check the qualifying term which most nearly expresses your opinion with respect to the
   applicant’s character and reputation:
   ______ Outstanding ______ Good _______ Satisfactory ______ Poor

4. Would you employ him/her as a _____________________________ _____ Yes _____ No

5. Are you related to the applicant? ___________ Yes _______________ No
   If yes, state relationship _________________________________________________________

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment
   after being told his/her conduct or work was not satisfactory?
   _________ Yes ____________ No
   If yes, please give:
   a. Name and address of employer: _________________________________________________
   b. Reason for discharge or resignation: ____________________________________________

7. Do you know of any physical impairment of the applicant which would interfere with performance
   of his/her duties as a __________________________________________________________?
   _________ Yes ____________ No
   If yes, please describe: __________________________________________________________
8. Do you know of any arrests or convictions of the applicant?
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9. How would you characterize the applicant’s response to other people?
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   ______ Easy going   ______ Serious     ______ Easily annoyed
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    this person for the position of _________________________________.)

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Randolph, NY 14772

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_____ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a  

_________________________________________? _____ Yes _____ No  
If yes, explain: __________________________________________________________

15. Remarks: (Give any additional information which may assist us in determining the suitability of this person for the position of _____________________________.)

_______________________________
Signature
_______________________________
Name (please print)
_______________________________
Telephone Number

I hereby certify that I have known the applicant whose name appears on this form, and that the answers to the above questions with respect to him/her are true to the best of my knowledge and belief.

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APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, ___________________________ (print name), hereby grant permission to the Randolph 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 conviction, 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 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 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 Randolph 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.

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. If I have not already been fingerprinted through NYSED, I understand that I will be required to do so and pay the fee to NYSED.

This employment application will be valid for twelve (12) months from the date that it is completed.

________________________________
SIGNATURE OF APPLICANT

________________________________
PRINTED NAME OF APPLICANT

DATE: __________________________