

## **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)

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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: \_\_\_\_\_

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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:

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**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)?

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**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).

**Name**

**Address**

**Telephone**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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**

	Elementary	High School	Technical/ College/Univ.	Graduate/ Professional
School Name:				
Circle Highest Year Completed:	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree:			
Describe Course of Study:			

**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.

**Randolph Central School  
Randolph, NY 14772**

**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: \_\_\_\_\_

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

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\_\_\_\_\_

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

**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: \_\_\_\_\_