

# Professional Employment Application



"It Takes All The Huskies To Pull The Sled"

**OLEAN CITY SCHOOL DISTRICT**  
Human Resources Office  
410 West Sullivan Street  
Olean, NY 14760

716-375-8097 (Director of HR Office)  
716-375-8047 (Director of HR Fax)  
Website: <http://www.oleanschools.org>

## POSITION FOR WHICH YOU ARE APPLYING

- TEACHER (Be Specific): \_\_\_\_\_
- SUBSTITUTE:    \_\_\_ Certified    \_\_\_ Uncertified    \_\_\_ 4-Year Degree    \_\_\_ 2-Years College
- ADMINISTRATIVE (Be Specific): \_\_\_\_\_

## PERSONAL INFORMATION

Full Name:    Last                      First                      Middle                      Social Security Number

Home Telephone Number                      Daytime Telephone Number

Mailing Address:                      Street                      City                      State                      Zip Code

Current Address:                      Street                      City                      State                      Zip Code

Permanent Address:                      Street                      City                      State                      Zip Code

E-Mail Address: \_\_\_\_\_

STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF FACTS SUCH AS AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR ARREST RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO ANY FACTORS PROTECTED BY LAW IN CONNECTION WITH EMPLOYMENT.

Have you ever been convicted of a crime? \_\_ YES \_\_ NO

Have you ever been disciplined or fired from a job? \_\_ YES \_\_ NO

Have you ever been denied tenure? \_\_ YES \_\_ NO

Have you ever resigned from employment rather than face dismissal? \_\_ YES \_\_ NO

Have you ever had a teaching credential revoked, suspended or annulled? \_\_ YES \_\_ NO

Is there any reason known to you, other than a medical, mental or physical disability, why you might be unable to perform consistently and promptly any of the job duties of the position for which you are applying? \_\_ YES \_\_ NO

Are you unable to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? \_\_ YES \_\_ NO

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

If "YES" was answered to any of the above questions, please provide additional, specific information:

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**CERTIFICATION INFORMATION:**

I hold the following NEW YORK STATE teaching and/or administrative certificates:

AREA	CERTIFICATE OF QUALIFICATION	PROVISIONAL	PROVISIONAL EXPIRATION DATE	PERMANENT

List any valid certificates currently held in other states:

Area: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Area: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Area: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**WORK EXPERIENCE** (list the most recent position first):  
Please complete this section in full; **do not indicate see resume!**

Employer:		
Address:		Telephone:
Dates of Employment (month/year):	From:	To:
Position Title:		
Description of Duties:		
Reason for Leaving:		
Employer:		
Address:		Telephone:
Dates of Employment (month/year):	From:	To:
Position/Title:		
Description of Duties:		
Reason for Leaving:		
Employer:		
Address:		Telephone:
Dates of Employment (month/year):	From:	To:
Position/Title:		
Description of Duties:		
Reason for Leaving:		
Employer:		
Address:		Telephone:
Dates of Employment (month/year):	From:	To:
Position/Title:		
Description of Duties:		
Reason for Leaving:		

**MISCELLANEOUS INFORMATION:**

What distinctions and honors have you received? \_\_\_\_\_

What extra-curricular activities are you qualified to supervise? \_\_\_\_\_

In what areas and/or grade levels do your preferences lie? \_\_\_\_\_

If appointed, when could you assume your duties? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING, IN YOUR OWN HANDWRITING, IN THE SPACE PROVIDED BELOW:**

Why are you interested in working in our school system and what particular special talents do you have that would make you uniquely qualified to fill this position?

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**PROFESSIONAL REFERENCES (Must be current and/or the most recent supervisors)**

NAME	ADDRESS	TELEPHONE
_____	Street	Home
	City State Zip	Business
NAME	ADDRESS	TELEPHONE
_____	Street	Home
	City State Zip	Business

**PERSONAL REFERENCES (Non-relatives willing to give a complete reference)**

NAME	ADDRESS	TELEPHONE
_____	Street	Home
	City State Zip	Business
NAME	ADDRESS	TELEPHONE
_____	Street	Home
	City State Zip	Business

1. Any material misrepresentation or deliberate omission of facts in my application or interview(s) may be justification for refusal of, or if employed, termination of employment.
2. It is my understanding the school district will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, and oral interviews. I authorize such investigation and the giving and receiving of any information requested by the school district, and release from liability, any person giving or receiving such information.
3. I further understand this is an application for employment and that no employment contract is being offered.
4. Can the Olean City School District contact your current employer?  YES  NO

\_\_\_\_\_  
**APPLICANT'S SIGNATURE** \_\_\_\_\_  
**DATE**

The Olean City School District hereby advises students, parents, employees, prospective employees and applicants that it offers employment, educational opportunities, including vocational educational opportunities, regardless of race, color, creed, religion, gender, national origin, political affiliation, sexual orientation and gender identity or expression, genetic information and testing, family and medical leave act, age, marital status, veteran status or disability. Inquiries regarding this non-discrimination policy may be directed to the Director of Human Resources.

**Instructions to Applicant:** Be sure to complete all sections of this application form; sign and date. Please forward this application, your personal resume, official college transcripts (both undergraduate and graduate), college placement file, copy of your valid teaching and/or administrative certificate/license, along with the attached "Addendum to Employment" form, to the Director of Human Resources at the address listed above.

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## ADDENDUM TO EMPLOYMENT APPLICATION

Please read the following statements carefully as they constitute conditions for employment.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview process regardless of when such misrepresentation or omission is discovered may result in the refusal of employment, or if employed, immediate termination.
3. The school, current and prior employers, references, and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I understand that the District reserves the right to verify information pursuant to a background check of convictions at this time or any time during the course of employment. I additionally understand that discovery of any misrepresentation or omission by me in this regard may lead to the denial of employment or, if I am hired, the termination thereof at any time that the misrepresentation or omission is noticed by the District. I authorize the District to verify the information which I have presented regarding criminal convictions or the lack thereof to the full extent permitted by law, and I further agree that a photocopy of this authorization may be accepted with the same authority as the original.
5. I affirm that I will be able, if hired, to certify that I am authorized to work in the United States or America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

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Signature of Applicant

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Date