

# SWEET HOME CENTRAL SCHOOL

1901 SWEET HOME ROAD  
AMHERST, NEW YORK 14228

## NON-INSTRUCTIONAL EMPLOYMENT APPLICATION

The Sweet Home Central School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, marital status, age, national origin, disability, creed, sex, sexual orientation, status as a disabled or Vietnam Veteran or any other basis protected by law (unless a bona fide occupational qualification applies).

The Sweet Home Central School District complies with the Americans with Disabilities Act and will consider all requests for reasonable accommodations on a case-by-case basis. If you require a reasonable accommodation at any stage of the application or interview process, please contact JoAnn Balazs, Assistant Superintendent at 716-250-1417.

I understand that completion of this Employment Application does not guarantee that I will be employed by the District.

Date: \_\_\_\_\_

\*Employment applications are considered active for one year following the date of receipt of application.

Name: \_\_\_\_\_  
(Last) (First) (Middle) (\*\*Other)

\*\*Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Alternate Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ e-mail address: \_\_\_\_\_  
(Permanent) / (Alternate) / (Other)

Are you 18 years of age or older? \_\_\_\_\_ If not, state your age \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you acquainted with or related to any District employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide the name and position: \_\_\_\_\_

For Applicants for positions which may require you to drive:

Do you possess a valid NYS Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever applied to the district before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what position \_\_\_\_\_ Approximate date (mo/yr): \_\_\_\_\_

**POSITION APPLYING FOR (Check all that apply)**

I wish to be considered for:

Full-Time Position \_\_\_\_\_ Part-Time Position \_\_\_\_\_ Substitute Position \_\_\_ yes \_\_\_ no

Availability Date: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Position(s):

- BUS ATTENDANT
- BUS DRIVER
- BUS MECHANIC
- MONITOR (hall, cafeteria)
- TEACHER AIDE
- CLERICAL
- REGISTERED NURSE
- LABORER / CLEANER
- GROUNDS
- MAINTENANCE MECHANIC
- CUSTODIAN
- COMPUTER TECHNICIAN
- FOOD SERVICE HELPER

Passed Civil Service Exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

Title of Exam: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPERIENCE/SKILLS**

Clerical:

- Accounting
- Payroll
- Bookkeeping
- Typing (WPM)
- Computer Literacy
- Microsoft Office (Word, Excel, Access)

Please describe these experiences, including the dates during which you obtained this experience and where you were working: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Plant Maintenance:

- Boiler Operation
- Operation of Heavy Equipment
- Carpentry
- Painting
- Electrical Heating/Ventilating
- Small Equipment Repair
- Landscaping
- Shipping/Receiving/Inventory
- Welding

Please describe these experiences, including the dates during which you obtained this experience and where you were working: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Experience:

- Nursing
- Registered Nurse
- Licensed Practical Nurse
- Group Supervision
- Other:

Please describe these experiences, including the dates during which you obtained this experience and where you were working: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other special training or in-service education that you feel are relevant to the position you seek (i.e. First Aid/CPR): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list professional activities/organizations/offices/honors that you feel are relevant to the position you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any special talents/abilities/interests/hobbies that you feel are relevant to the position you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

NAME, ADDRESS AND CITY/STATE	HIGHEST YEAR COMPLETED	DIPLOMA (YES/NO)	DEGREE OBTAINED (NAME OF DEGREE)
HIGH SCHOOL	9 10 11 12		
COLLEGE OR OTHER	1 2 3 4		
COLLEGE OR OTHER	1 2 3 4		
GRADUATE SCHOOL	1 2 3 4		
BUSINESS/TRADE/OTHER	1 2 3 4		

**EMPLOYMENT HISTORY (List chronologically all experience)**

EMPLOYER & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	F/T OR P/T	POSTION HELD/DUTIES	REASON FOR LEAVING	SUPERVISOR'S NAME AND PHONE NUMBER	NOTES
	To					
	To					
	To					
	To					

May we contact the employers listed above? If not, indicate which one(s) you do not wish to contact and explain why not? \_\_\_\_\_

Have you previously worked for the District?  Yes  No

If yes, what was your position? \_\_\_\_\_

If yes, what were your reasons for leaving? \_\_\_\_\_

Have you ever been denied permanent status as a Civil Service employee anywhere?

Yes  No

Are you the subject of any pending investigation and/or disciplinary charges pertaining to employment?

Yes  No

Have you ever been the subject of an investigation by a school district or any other employer?

Yes  No

Have you ever been dismissed from, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct?

Yes  No

Have you ever resigned to avoid denial of permanent status as a Civil Service employee?

Yes  No

Have you ever been asked to leave a place of employment (or volunteer position) or resigned in lieu of being terminated?

Yes  No

\*If you answered "yes" to any of the previous questions on this page, please explain full below.

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**CRIMINAL HISTORY**

*(A conviction will not necessarily disqualify you from employment. Factors such as age and date of conviction, the seriousness and nature of the crime, rehabilitation, and the relationship of the crime to the job duties will be considered.)*

Have you ever been convicted of any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)**

Yes  No

Have you ever pled guilty to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)**

Yes  No

Have you ever pled nolo contendere or no contest to any offense, whether a felony, misdemeanor or violation, other than a minor traffic violation (DUI, DUAL or DWI convictions are not minor and must be reported)? **(do not include sealed convictions or convictions classified as youthful offender)**

Yes  No

Do you currently have any pending arrests or criminal investigations against you at this time?

Yes  No

*\*If you answered yes to any of the above questions in this section, please state the nature and dates of conviction(s) or plea(s) and, if applicable, date(s) of release from prison below.*

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Have you been fingerprinted in accordance with Education Law?

Yes  No

Were you cleared from the New York State DCJS and FBI?

Yes  No

**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the District?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**PROFESSIONAL REFERENCES**

1.    Name \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

How Long Known: \_\_\_\_\_

2.    Name \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

How Long Known: \_\_\_\_\_

3.    Name \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

How Long Known: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

I, \_\_\_\_\_ (print name), hereby grant permission to the Sweet Home Central Schools, 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.

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 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 Sweet Home Central Schools 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 our 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 of the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

In the event that I am employed, I agree to conform to the District's rules and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date