

ICHABOD CRANE CENTRAL SCHOOL

**INFORMATION FOR APPLICATION AS A SUBSTITUTE TEACHER
AND TEACHING ASSISTANT**

Enclosed are the forms for application as a substitute teacher. After completion, please return them to:

Ichabod Crane Central School
Amy Boothby
Central Office
PO Box 820
Valatie, NY 12184

Applicants for Substitute Teachers/Teaching Assistants may be submitted anytime. Certified Teachers/Teaching Assistants may be given first priority.

Upon receipt of your application and credentials, your application will be reviewed, and a reference check will be conducted. If you are not selected to sub, applications will be maintained on file for a period of one year.

When this process has been completed, your name will be submitted to the Board of Education (*at their next regularly scheduled meeting*) for appointment to the per diem substitute list. After approval by the Board, a summary of all available substitutes is provided to our building administrators and to our substitute calling service. Our notification will indicate you have been added to our sub list, and will include information on filling out payroll forms, and providing us with two forms of identification of either your drivers' license and social security card or your passport. Also, please note the following:

***FINGERPRINTING THROUGH THE NYS EDUCATION DEPARTMENT IS
REQUIRED. PLEASE SEE THE FINGERPRINTING INFORMATION
INCLUDED WITH THIS APPLICATION***

Ichabod Crane Central School District
SUBSTITUTE TEACHING/TEACHING ASSISTANT APPLICATION

CO - 29

GENERAL DIRECTIONS:

1. Fill out application form and forward to: **Ichabod Crane Central School**
P.O. Box 820
Valatie, New York 12184-0137

PERSONAL INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

BUSINESS ADDRESS _____ TELEPHONE _____

TOWN _____ STATE _____ ZIP _____

HOME ADDRESS _____ TELEPHONE _____

TOWN _____ STATE _____ ZIP _____

TYPE OF CERTIFICATE/S HELD _____

DEGREES HELD: _____

Please enclose copy of Certificates/Degrees held.

REFERENCES

NOTE: Please list at least three references (with **current** contact information) who can speak to YOUR PROFESSIONAL AND/OR PERSONAL CHARACTER, INCLUDING YOUR MOST RECENT SUPERVISOR, even if letters from these individuals are attached.

NAME	RELATIONSHIP	EMAIL ADDRESS and/or PHONE NUMBER
1.		
2.		
3.		

For Office Use Only:

<input type="checkbox"/> Approved Certified Substitute Teacher/TA	<input type="checkbox"/> Approved Tutor K-5
<input type="checkbox"/> Approved Non-certified Substitute Teacher/TA	<input type="checkbox"/> Approved Tutor 6-12
<input type="checkbox"/> Pending, more information required: _____	
DATE _____	SUPERINTENDENT OF SCHOOLS _____

PLEASE CHECK THOSE AREAS (X) IN WHICH YOU WILL SUBSTITUTE

____ I WILL SUBSTITUTE IN THE *PRIMARY SCHOOL* (GRADES K-3)

____ I WILL SUBSTITUTE IN THE *ELEMENTARY SCHOOL* (GRADES 4-5)

____ I WILL SUBSTITUTE IN ANY GRADE IN THE *MIDDLE SCHOOL* (GRADES 6-8)

____ I WILL SUBSTITUTE IN ANY GRADE IN THE *HIGH SCHOOL* (GRADES 9-12)

I AM AVAILABLE:

____ (NUMBER OF) DAYS PER WEEK

IF NOT AVAILABLE FIVE (5) DAYS PER WEEK, PLEASE NOTE DAYS AVAILABLE:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

I AM INTERESTED AND AVAILABLE AS A *HOME TUTORIAL SUBSTITUTE* FOR THE FOLLOWING:

____ GRADES K-5

____ GRADES 6-12

State requirement is One (1) Hour per Day for Elementary Students (GRADES K-5)
State Requirement is Two (2) Hours per Day for Secondary Students (GRADES 6-12)

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief.

SIGNED _____ DATE _____

EMAIL ADDRESS _____

Non-Discrimination Compliance Statement

The Ichabod Crane Central School District hereby advises students, parents, employees, and the general public that it offers educational opportunities including vocational opportunities without regard to sex, race, color, national origin, handicap or religion. Inquiries regarding this non-discrimination policy may be directed to: Section 504 Compliance Officer, Robert McCloskey and Title IX Compliance Officer, Melissa Murray, Ichabod Crane Central School District, Valatie, NY 12184 (518) 758-7575. A copy of the "In Compliance with Section 1.4 (a)" is available in the Superintendent's Office.

Ichabod Crane Central School
Valatie, NY 12184

MEMO

TO: All Applicants

RE: Fingerprinting

Attached is a NYS Education Department OSPRA 102 form. If you have previously been fingerprinted through the NYS Education Department, please complete sections 1, 2 and 3. The completed form should then be returned with your application.

Pursuant to Policy #9500, Fingerprinting for Prospective Employees, if you have not been fingerprinted, you will need to contact Morpho Trust at either (877) 472-6915 or www.identogo.com. Also, a Central Office staff member can assist you with this should you have any questions. The fee is \$100.25.

2/7/19 amb



OSPRA 102 (1/03)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and
Accountability
NYS Education Department
987 Education Building Annex
Albany, NY 12234
ph. (518) 473-2998 fax. (518) 473-8812
www.highered.nysed.gov/cert/ospa
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address			City	State	Zip

SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

	(leave blank)	First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:
		Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person:

SECTION 3

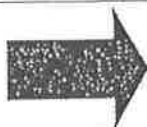
- I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation
 - I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998
- I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notification from DCJS to my new employer.

Signature

Date

SECTION 4

Mail or fax
completed
OSPRA 102 to:



OSPRA
NYS Education Department
987 EBA
Albany, NY 12234
fax (518) 473-8812

Fingerprint Information

To schedule a fingerprint appointment you can contact MorphoTrust/IDEMIA calling (877) 472-6915. The fee is \$100.25

MorphoTrust/IDEMIA requires me to provide a "Service Code" to schedule an appointment.

Use the service code from the table below that most closely reflects the reason why you are currently scheduling a fingerprinting appointment.

Certification	14ZGQT	Reading Teacher, Reading, Permanent Certificate; Students With Disabilities (Grades 1-6), SWD – Birth to Grade 6, Professional Certificate, etc.
Employment	14ZGR7	Custodian, Clerk, Cafeteria Worker, Grounds Keeper, etc.

Please note to contact either Amy Boothby of your appointment for teaching employees and subs at 758-7575 ext 3002 or Angela Cowan at 758-7575 ext 3009 for non-teaching employees or subs

Morpho Trust Fingerprint Locations

Go to www.identogo.com for maps of your location

Albany (The Enrollment Center is in Northeast Testing Upstate, Inc.)

21 Everett Rd Ext, Albany, NY

Mon, Tue, Thu & Fri 8:00am - 4:30pm; Wed 8:00am - 7:00pm; E/O Sat 8:00am - 12:00pm

Cobleskill

Race Printing & Package Center - 111 Barnerville Rd, Cobleskill, NY

Wed & Thu 9:00 - 2:00; Fri 9:00 - 4:00

Gloversville

26-40 N. Main St, Gloverville, NY

Tue & Thurs 8:30 – 11:30 and 12:30 - 2:30

Halfmoon

1410 Route 9, Halfmoon, NY

Friday: 10:30 to 1:30 and 2:00 to 5:00

Schenectady

650 Franklin St, Suite 301, Home Instead Senior Care, Schenectady, NY.

Mon, Tuesday, Thursday & Fri 8:30 a.m. to 12:30 p.m. and 1 p.m. to 4:30 p.m., Wednesday 8:30 a.m. to 2:30 p.m. and 3:30 p.m. to 4:30 p.m.

Troy

6 Brunswick Road, Troy, NY (The Enrollment Center is located in the Gordon M Enfield office space. The office is located near to Ann's Salon and Empire Solar Store, approximately one block for Stewart's Shop)

Tuesday to Wednesday 9:00 a.m. to 12:00 p.m. and 12:30 to 4:30

W Coxsackie

11877 Rte 9W, West Coxsackie, NY 12192

Mon and Fri 9 a.m. to 12 p.m. and 12:30 p.m. to 4:00 p.m.

Fee: \$100.25

The only method of payment that can be accepted when scheduling an appointment online is a coupon or voucher code, from an employer/facility NCAC account. At the time of the fingerprinting session the applicant can use a credit card, NCAC account coupon or voucher code or check. Make checks payable to "IDEMIA".

You must have two forms of identification. At least one form of identification must contain a photo.

Acceptable Photo Identification Documents

- U.S. Passport (unexpired or expired)
- Permanent Resident Card
- Alien Registration Receipt Card
- Unexpired Foreign Passport
- Driver's License or Photo ID Card (issued by U.S. State or Territory)
- U.S. Student ID Card with photo (High School or College)
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)
- Photo ID Card issued by Federal, State or Local Government

Additional Identification Documents

- Voter Registration Card
- U.S. Military Card or Draft Record
- Military Dependent's ID Card
- Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Canadian Driver's License
- U.S. Social Security Card
- Original or Certified Copy of a Birth Certificate issued by authorized U.S. agency with official seal
- Certification of Birth Abroad (Issued by U.S. Department of State)
- U.S. Citizen ID Card (Form I-197)
- School Record or Report Card (only accepted for applicants under the age of 18)
- Clinic, doctor or hospital record (only accepted for applicants under the age of 18)

2/15/17; 10/29/18; 2/7/19 – amb