

ICHABOD CRANE CENTRAL SCHOOL DISTRICT

EMPLOYMENT APPLICATION FOR
SUPPORT STAFF SUBSTITUTE/NON-INSTRUCTIONAL POSITION

NAME _____
LAST FIRST MIDDLE (FORMER)

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBERS (HOME) _____ (BUSINESS) _____

NON-INSTRUCTIONAL POSITION APPLYING FOR: _____

SUPPORT STAFF SUBSTITUTE EMPLOYMENT (PERDIEM)
(Please check areas in which you will substitute)

General Support Staff Areas:

<input type="checkbox"/> Clerical	<input type="checkbox"/> Food Service Helper
<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Registered Nurse *
<input type="checkbox"/> Maintenance Department (* CPR/First Aid Certification Required)	<input type="checkbox"/> Language Interpreter

Transportation Department Areas:

Substitute Driver * Substitute Aide *
(* Training will be provided)

SKILLS AND/OR SPECIAL TRAINING

Cashier Bus Driver (Class of License Held: _____
Number of Years Driving _____)

Cook

Typist

Computer Skills (List) _____

First Aid/CPR Training – Date Training Expires? _____

Other Skills/Training (List) _____

GENERAL INFORMATION

- Are you an exempt volunteer fireman? Yes ___ No ___
- Are you a Veteran of the Armed Forces? Yes ___ No ___
Type of Discharge _____ Dates of Service _____
- Are you a member of the NYS Employees' Retirement System? Yes ___ No ___
- Have you ever been convicted of a crime other than a traffic violation? Yes ___ No ___
If "yes," please explain _____
- Civil Service tests taken and passed _____
- Have you ever been previously employed in the District? Yes ___ No ___
If "yes," indicate what area and when _____

EDUCATIONAL AND PROFESSIONAL TRAINING:

LEVEL	NAME OF SCHOOL OR INSTITUTION	MAJOR COURSE	DIPLOMA OR DEGREE	GRADE LEVEL COMPLETED	DATES FROM/TO
High School					
College					
Business School					
Other					

EMPLOYMENT HISTORY: May we contact your current employer? Yes No
 If "no," please explain _____

Firm Name and Address (List most recent first)	Titles and Duties	Employment Dates	Highest Salary

CHARACTER REFERENCES: (Address must be complete – Persons listed will be contacted by mail.) At least (3) references must be obtained before appointment can be made.

Name	Mailing Address	Phone

PLEASE RETURN THE COMPLETED APPLICATION TO:

Ichabod Crane Central School
 Business Office
 P.O. Box 820
 Valatie, NY 12184

I certify that the information contained in this application is true and permission is granted to seek references from former and current employers and character references as listed.

 Date Signature of Applicant

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



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/tcert/ospra
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.

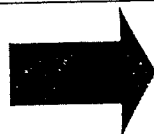
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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 notifications 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

Application for Examination or Employment
MSD-330

Columbia County Civil Service Commission
401 State St., Hudson, N.Y. 12534
www.columbiacountyny.com

Position Title _____

Exam# _____

This application is part of your exam. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name (please print)

Last _____ First _____ Middle init. _____

Street address _____

City _____ State _____ Zip code _____

Phone # (home) _____ (Business) _____

1a. Mailing address (if different from above) _____

2. Social Security # _____

3. Are you under 18 or over 70 yrs. of age?

yes no

If yes or if minimum age limits are established for the position applied for, enter your date of birth here:

Mo. _____ Day _____ Year _____

4. Veterans' credit

If, for this examination, you wish to claim additional credit as an honorable discharged veteran, check the appropriate box and answer questions 10 A-F. Please request additional forms to apply for veteran credit.

- Disabled war veteran
 Non-disabled war veteran

5. Special arrangements (please explain on separate sheet)

- Religions accommodation* Handicapped person
 Alternate Test Date (see Alternate Test Date Policy on website)

*most written tests are held on Saturday. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, or need arrangements for an alternate date check the above box. We will make arrangements for you to take the test on a different date per Alternate Test Date Policy.

6. If you are not a citizen of the U.S. do you have the legal right to accept employment in the U.S.?

yes no

7. Remarks:

8. County, Town & school district in which you now reside:

County _____ # yrs. _____

Town _____ # yrs. _____

School district _____ # yrs. _____

Village _____ # yrs. _____

Are you an exempt firefighter yes no

Background investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Multiple exams: If you have applied to participate in multiple exams (state, county, etc.) scheduled to be held on the same test date, you must notify this office no later than 2 weeks prior to the date of this exam.

Civil Service use only:

Date _____ By: _____

Approved Conditional Disapproved

9. Check the appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? yes no

B. Did you ever resign from any employment rather than face dismissal? yes no

C. Did you ever receive a discharge from the Armed Forces of the U.S. which was other than "Honorable" or which was issued under other than honorable circumstances? yes no

D. Have you ever been convicted of any crime (felony or misdemeanor)? yes no

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? yes no

F. Are you now under charges for any crimes? yes no

If you answered "yes" to any of Questions 9 A-F above, you may give specifics under "Remarks" in section #7. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. 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 for which you are applying.

10. Answer questions 10-A-F only if you are claiming additional credit as a disabled or non-disabled war veteran for the examinations indicated on this application.

A. Are you currently or have you ever served in the Armed Forces of the U.S. Yes No

(Army, Navy, Marine Corps, Air Force and Coast Guard when in the service of the U.S. pursuant to call as provided by law on a full time active duty basis other than active duty for training purposes)

B. Did you receive a discharge that was honorable or were you released under honorable circumstances? Yes No

C. Were you a resident of NYS on the date of your **initial entry** in the Armed Forces of the US? Yes No

D. Did you serve in the Armed Forces of the U.S. during Any of the following periods? Yes No

- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb 28, 1961 to May 7, 1975
- U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945; OR June 26, 1950 to July 3, 1952; OR
- A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970; OR
- June 1, 1983 to Dec. 1, 1987 (Lebanon)
- Oct. 23, 1983 to Nov. 21, 1983 (Grenada)
- Dec. 20, 1989 to Jan. 31, 1990 (Panama)
- Aug. 2, 1990 to (no ending date) Persian Gulf

E. Are you currently a resident of New York State? Yes No

F. Since Jan. 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

(Note credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal or the Marine Corps Expeditionary Medal.)

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION
THIS AFFIRMATION MUST BE COMPLETED:

I affirm that the statements made on this application, including any attached papers are true under the penalties of perjury.

Signature _____ date _____

Indicate any other last name by which you are or may have been known:

Civil Service use only
 Receipt # _____
 Amount \$ _____
 Received by: _____

Section 50-b of the NYS Civil Service Law requires that all applicants for exam be asked the following:
 Have you any loans made or guaranteed by the NYS Higher Education Services Corp. which are currently outstanding? yes no
 If so, are you presently in default on any such loan? yes no

11. Have you graduated from high school? Yes no Year you graduated: _____
 If yes, name and location of High School: _____
 If you have a high school equivalency diploma, indicate issuing Government Agency: _____
 Diploma # _____ Date of issue _____

	Name of school & location	Date of Attendance From to:	Day or night	Full or part time	No of years credited	Type of course or Major	# of credits received	Type of degree	Date degree received or expected
College or university									
Other schools or special courses									

12. Licenses. If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following:
 Trade: _____ License # _____ Date of Issue: _____

13. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

14. Description of experience (Answer this question only if the announcement specifies minimum experience requirements)

Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			