

**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) \_\_\_\_\_ EMAIL \_\_\_\_\_

NON-INSTRUCTIONAL POSITION APPLYING FOR: \_\_\_\_\_

\*\*\*\*\*

<b><u>SUPPORT STAFF SUBSTITUTE EMPLOYMENT (PERDIEM)</u></b> (Please check areas in which you will substitute)	
<u>General Support Staff Areas:</u>	
<input type="checkbox"/> Clerical	<input type="checkbox"/> Food Service Helper
<input type="checkbox"/> Health Instructional Aide	<input type="checkbox"/> Registered Nurse *
<input type="checkbox"/> Maintenance Department	<input type="checkbox"/> Language Interpreter
(* CPR/First Aid Certification Required)	
<u>Transportation Department Areas:</u>	
<input type="checkbox"/> Substitute Driver *	<input type="checkbox"/> Substitute Aide *
(* Training will be provided)	

<b><u>SKILLS AND/OR SPECIAL TRAINING</u></b>	
<input type="checkbox"/> Cashier	<input type="checkbox"/> Bus Driver (Class of License Held: _____ Number of Years Driving _____)
<input type="checkbox"/> Cook	
<input type="checkbox"/> Typist	
<input type="checkbox"/> Computer Skills (List) _____	
<input type="checkbox"/> First Aid/CPR Training – Date Training Expires? _____	
<input type="checkbox"/> Other Skills/Training (List) _____	

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**GENERAL INFORMATION**

1. Are you an exempt volunteer fireman? Yes \_\_\_ No \_\_\_
2. Are you a Veteran of the Armed Forces? Yes \_\_\_ No \_\_\_  
Type of Discharge \_\_\_\_\_ Dates of Service \_\_\_\_\_
3. Are you a member of the NYS Employees' Retirement System? Yes \_\_\_ No \_\_\_
4. Have you ever been convicted of a crime other than a traffic violation? Yes \_\_\_ No \_\_\_  
If "yes," please explain \_\_\_\_\_
5. Civil Service tests taken and passed \_\_\_\_\_
6. 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 COMPELTED	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

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 changes?  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 Yes  No   
or were you released under honorable circumstances?

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)**

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

## **Fingerprint Information**

To schedule a fingerprint appointment you can contact MorphoTrust by going to their website at [www.identogo.com](http://www.identogo.com) and clicking on New York State on the map, or calling (844) 321-2124. The fee is \$101.75

If you do make an appointment online, MorphoTrust will ask you for an ORI Number and that number is for:

Certification - 14ZGQT: Reading Teacher, Permanent Certificate, Students with Disabilities (Grades 1-6), SWD Birth to Grade 6, Professional Certificate, etc.

Or

Employment - 14ZGR7: Custodian, Clerk, Cafeteria Worker, Groundskeeper, etc.

Please note to contact Angela Cowan with your appointment information at 758-7575 ext 3009

### **MorphoTrust Fingerprint Locations**

Go to [www.identogo.com](http://www.identogo.com) for maps of your location

#### Albany

1440 Central Avenue, Albany, NY Monday-Friday: 9:00 AM - 12:30 PM & 1:00 PM - 4:00 PM

1988 Central Avenue, Albany, NY Mon-Thurs 9 -12 & 12:30 – 6, Tues, Wed, and Fri 9 – 12 and 12:30 -4

#### Latham

Wellness Mart, 624 New Loudon Road, Latham Monday-Friday: 9:00 AM - 12:00 PM & 12:30 PM - 5:00 PM Saturday: 10:00 AM - 2:00 PM

#### Troy

6 Brunswick Road ,Troy, NY Monday, Tuesday & Friday: 9:00 AM - 12:00 PM & 12:30 PM - 5:00 PM

#### Coxsackie

43 Haverly Memorial Dr, Coxsackie, NY Monday 9:30 -12 & 12:30 – 4:30

#### W Coxsackie

11877 Rte. 9W, West Coxsackie, NY

Monday and Friday 9 am – 12 pm and 12:30 pm – 4:00 pm

### **Fee: \$101.75**

To pay for fingerprints at the time of scanning is by cash, credit card or checks (i.e., personal, business check, government check, certified check, bank check or money order made payable to “MorphoTrust USA”

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)



# 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](http://www.highered.nysed.gov/tcert/ospra)  
[OSPRA@mail.nysed.gov](mailto: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

1. 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.
2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. .

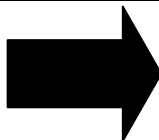
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination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