

# TACONIC HILLS CENTRAL SCHOOL DISTRICT

Office of the Superintendent  
73 County Route 11A  
Craryville, NY 12521

## EMPLOYMENT APPLICATION

Thank you for your interest in being a member of our organization. Please print, sign, and return your completed application to the address provided above.

For which position[s] are you applying? \_\_\_\_\_

In regards to that position, which type of employment are you seeking?  full-time  part-time  substitute  home-bound tutor

### DIRECTIONS:

- Complete all Sections I – X of this Employment Application. Do not indicate, "See attached résumé or materials."
- Attach copies of certificate(s) or licensures if appropriate.
- Attach copies of unofficial undergraduate and graduate transcripts.
- Request placement credentials, if relevant.
- Send official undergraduate and graduate transcripts to the above address.  
Indicate date requested: \_\_\_\_\_

### I. GENERAL INFORMATION:

Last Name, First Name		Other name if necessary (i.e. maiden name)	Social Security Number
Present Address			Use this address Until (Month-Day-Year)
Permanent Address [if different]			
Daytime Telephone Number		Evening Telephone Number	Email address
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," what visa do you hold?			
Are you a veteran of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give date of discharge.			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain.			
Are you receiving benefits from a NYS Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," which Retirement System? _____	
Have you ever received tenure in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," when and where? _____	
Have you ever been denied tenure in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," when and where? _____	
Have you been previously employed by our school district? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," Start Date: ____/____/____ End Date ____/____/____	
If your application receives further consideration, on what date would you be available to start work? _____			

The Taconic Hills Central School District, in compliance with Title IX of the Education Amendments of 1972 and Regulation 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, creed, color, sex, age, national origin, veteran status, sexual orientation, or other protected class per law.

**II. EDUCATIONAL PREPARATION:**

Please indicate any high school, undergraduate college, graduate school and/or technical/vocational school attended.

School Name & Location	Degree/Diploma	Field of Study

**III. WORK EXPERIENCE:** [Most Recent First]

Name of Organization	Begin Date	End Date	Position Held	Reason for Leaving

**IV. ADDITIONAL EXPERIENCE OR SKILLS:**

Describe below additional experiences or skills including civic and community participation:

**V. CERTIFICATION/LICENSE:** If appropriate, please provide us with a copy of any certificate or license issued.

Subject/Certification Area and State of Origin	Type	Effective Date	Expiration Date
<input type="checkbox"/> NY <input type="checkbox"/> Other ____			
<input type="checkbox"/> NY <input type="checkbox"/> Other ____			
<input type="checkbox"/> NY <input type="checkbox"/> Other ____			

If you are applying for a teaching or administrative position with Taconic Hills Central School District but are not officially certified, please indicate your certification status by checking **one** of the boxes below.

- Application submitted to New York State Education Department -certificate forthcoming
- Application submitted to New York State Education Department - decision still pending
- I have not yet filed an application with the New York State Education Department.

**VI. REFERENCES:**

Individual's Name	Title	Address	Daytime Telephone

Please list four [4] professional references, including your present supervisor, whom we may contact in regards to this employment application.

Please indicate any special notes regarding accessibility of references.

**VII. ATTESTATION:**

I hereby affirm that the information provided within this application and attached thereto is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Willful misrepresentation of a fact may result in dismissal of an applicant hired or retained by the School District.

**VIII. FINGERPRINT CLEARANCE FOR EMPLOYMENT:**

Have you ever been fingerprinted?  Yes  No

If yes, please state reason: \_\_\_\_\_

*Please note:* The Schools Against Violence in Education (SAVE) Legislation requires the Commissioner of Education to conduct fingerprint supported criminal history background checks for all school personnel, including applicants for certification, in addition to all prospective employees of school districts. If you have not filed with the State Education Department for clearance for employment and you are offered a position, fingerprinting will be arranged by the school district. The cost of fingerprinting is \$99.00, payable by the employee by certified check or money order to the *New York State Education Department*.

If your fingerprints are already on file with the New York State Education Department, please complete the attached **Clearance of Employment Request Form OSPRA 102**.

**IX. INDEMNIFICATION:**

I understand that the Taconic Hills Central School District will make an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. I understand that information gathered, in part or whole may be shared with members of the School District involved in the search process. If requested, I will sign individual releases. I further understand that all information gathered by the District regarding my application will be the property of the School District and will not be released to me unless required by Federal or State statutes or regulation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. PERSONAL STATEMENT:**

Briefly summarize your thoughts on what you would bring to our organization, which would help us in our stated mission:

*“To teach all students a constantly updated curriculum...provide a positive, safe and caring environment, where teaching and learning are emphasized and rewarded, and where there is mutual respect...”*

# 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:

100501

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