

# Onteora Central School District

PO Box 300  
BOICEVILLE, NEW YORK 12412  
845-657-6383

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## INSTRUCTION FOR ALL APPLICANTS

Please return your completed application to:

Personnel Office  
Onteora Central School District  
PO Box 300  
Boiceville, NY 12412

After review of your application, you may be called for an interview.



Please be aware that as of July 1<sup>st</sup>, 2001 New York State law requires all school district employees to be fingerprinted prior to working. There is a **\$99.00 fee** for this processing, payable to MorphoTrust USA at the time of fingerprinting. (The fingerprinting fee is reimbursed to substitute employees after they have worked for 20 days and reimbursed to coaches after coaching one full season in-district.)

***If you are not being considered for full-time employment  
you might want to consider applying for a substitute position,  
our Substitute Pay Rates are as follows:***

Certified Substitute Teacher - \$115.00/day  
Uncertified Substitute Teacher - \$85.00/day  
  
Certified Teaching Assistant - \$85.00/day  
Uncertified Teaching Assistant - \$75.00/day

Nurse (RN) - \$115.00/day  
Nurse (LPN) - \$85.00/day  
Clerical - \$13.00/hour  
Food Service - \$12.00/hour  
Custodial - \$13.00/hour  
Bus Driver - \$13.00/hour

**ONTEORA CENTRAL SCHOOL DISTRICT**  
Boiceville, New York 12412

***"Excellence in Education"***

***Coaching Application***

**Position Applying for:** \_\_\_\_\_ **Level** \_\_\_\_\_  
(Ex: Girls Soccer, Boys Track) (Ex: Variety, JV, Modified)

***Personal Information***

**Name:** \_\_\_\_\_  
Last First Middle

**Other Name:** \_\_\_\_\_  
Provide additional information relative to a change in name, use of an assumed name or nickname, necessary to enable a check on your work record.

**Present Mailing Address:** \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Residence Address:** \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Have you ever been fingerprinted to work for a school district?  yes  no

Have you ever been convicted of a crime?  yes  no

Are any criminal charges or proceedings pending against you?  yes  no

If "yes" to either or both of the above, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S citizen?  yes  no

NYS Teacher Retirement System Member?  yes  no  
Is so, indicate number and tier \_\_\_\_\_

## **Educational /Certification**

Check all boxes that apply and attach copies of certification when submitting application

- |   |  |
|---|--|
| <input type="checkbox"/> NYS Certified Physical Ed. Teacher | <input type="checkbox"/> Heat Training Certificate                     |
| <input type="checkbox"/> Current First Aid Certificate      | <input type="checkbox"/> NYS Coaching Certificate                      |
| <input type="checkbox"/> Current CPR/AED Certificate        | <input type="checkbox"/> Non Certified (Proof of Completed Coursework) |

## **Related Experience**

Dates	Name and location of Employee	Nature of Experience	Total Years	Reason for Leaving

## **Optional Statement/Additional Information:**

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***Please read carefully before signing:***

Onteora Central School District is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or other legally protected status. Any concerns regarding discrimination should be directed to the District's Title IX Compliance Officer or to the US Department of Education, Office of Civil Rights.

The information submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall be cause for dismissal from service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Onteora Central School District

Personnel Office  
PO Box 300  
BOICEVILLE, NEW YORK 12412

Please provide the names and contact information for three references not related to you, and attach this form to your application. Thank you!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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I authorize you to make inquiry of personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview may result in discharge, in the event of employment. I understand that I am to abide by all rules and regulations of the Onteora Central School District.

Signature \_\_\_\_\_

Date \_\_\_\_\_