

Onteora Central School District

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

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 1st, 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.)

***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
Monitor - \$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

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1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
 Yes No

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No
 NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

- A. December 7, 1941 to December 31, 1946
 - B. June 27, 1950 to January 31, 1955
 - C. December 22, 1961 to May 7, 1975
 - D. August 2, 1990 to "date to be determined"**
 - E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952
- Yes No

Did you receive an expeditionary medal for any of the following conflicts?

- F. Lebanon - June 1, 1983 to December 1, 1987
 - G. Grenada - October 23, 1983 to November 21, 1983
 - H. Panama - December 20, 1989 to January 31, 1990
- Yes No

I. I am currently on active duty (for other than training purposes).
 Yes No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?
 Yes No

5. Are you: A non – disabled war veteran _____
 A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

- A. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.
- B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____
 Name of school/issuing agency _____
 Address: _____
 Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: ___/___/___ To: ___/___/___ (month/ year)	Full or Part Time	# Of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	_____ To _____							
	_____ To _____							
	_____ To _____							
	_____ To _____							

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10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____	

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
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