

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 **\$100.25 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
School 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

ONTEORA CENTRAL SCHOOL DISTRICT

Boiceville, New York 12412

"Excellence in Education"

Coaching Application

Position Applying for: _____ Level _____
(Ex: Girls Soccer, Boys Track) (Ex. Varsity, 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
If 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:

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