

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 **\$101.75 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 - \$150.00/day	Nurse (RN) - \$195.00/day
Uncertified Substitute Teacher - \$115.00/day	Clerical - \$15.00/hour
Certified Teaching Assistant - \$115.00/day	Food Service \$15.00/hour
Uncertified Teaching Assistant - \$100.00/day	Custodial - \$15.00/hour
School Monitor - \$15.00/hour	Bus Driver - \$15.00/hour



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying: _____

Exam # (if applicable): _____

Leave this space blank.

Approved: _____

Disapproved: _____

Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building; 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ **SS#** _____ - _____ - _____

Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address:

Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address:

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)		
School District			
Town			
Village			
County			
State			

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:

_____ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

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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)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT PT Volunteer
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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)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT PT Volunteer
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Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT PT Volunteer
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Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT PT Volunteer
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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: _____

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.

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