

Sauquoit Valley Central School  
2601 Oneida Street  
Sauquoit, NY 13456

**ONLINE**  
**SUBSTITUTE TEACHER**  
**EMPLOYMENT APPLICATION PROCEDURE**

**PLEASE SAVE THIS COVER SHEET UNTIL ALL PROCESSES ARE COMPLETE!!**

1. Attached please find the following:
  - Substitute Teacher Application
  - OSPRA-102 [to be completed only if fingerprinted for employment at another school district]
2. All completed application forms along with a copy of your teaching certificate(s) held or a copy of your bachelor's diploma showing your degree [if applicable] **are to be mailed** to the building Principal of your choice.

Mark Putnam	Elementary School Principal	839-6339
Peter Madden	Middle School Principal	839-6371
Brian Read	High School Principal	839-6316

3. The principal's office will call to arrange a meeting/interview with you.
4. Once meeting is complete, your application will be sent to the Business Administrator. If you are fingerprinted, the OSPRA-102 will allow the district to obtain your fingerprint clearance from the NYS Education Department.

If you are **not** fingerprinted, please follow the instructions enclosed.

5. After you have had your appointment for fingerprinting contact the Business Administrator at 315-839-6313. You will need to supply your social security number to allow the district to retrieve your fingerprint clearance from the State Education Department's TEACH system.

# SAUQUOIT VALLEY CENTRAL SCHOOL

2601 Oneida Street  
Sauquoit, NY 13456

## SUBSTITUTE TEACHERS APPLICATION

Social Security # \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Mr. /Mrs./ Miss \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Name of school(s) where presently teaching \_\_\_\_\_

2. Name of school(s) where you substituted during the last school year \_\_\_\_\_

3. Number of teaching days during last school year \_\_\_\_\_

4. NYS Education Department Fingerprint Requirement:

All new applicants for employment must be fingerprinted:

- If you have been fingerprinted by another school district, please complete "Clearance for Employment Request" OSPRA-102 attached, so that your fingerprint clearance can be obtained.
- If you have not been fingerprinted, please follow the instructions on the cover sheet.

5. Are you currently an active member of the NYS Teacher Retirement System? \_\_\_YES \_\_\_NO

If YES, please indicate your membership number \_\_\_\_\_ Date of membership \_\_\_\_\_

If NO, you may, as a matter of right, join the New York State Teacher's Retirement System. You must complete a Retirement System Membership application, which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, you will be required to contribute, pursuant to Article 15 of the RSSL, a percentage based on your salary to said Retirement System and furthermore, as a member of said Retirement System, you will be required to contribute to Social Security. An application and information can be obtained in the Business Office or you can contact 839-6350 for information.

If you choose to **decline** membership in the NYS Teacher Retirement System currently, **please sign now but remember you can join at any further date**, by completing a membership application and return it to the Business Office. The Business Office has printed ones or one can be obtained from the NYS TRS web site.

**Your membership # or decline signature must be completed prior to processing your application.**

Your membership application can be submitted at any time, but will your membership will start from the first day of employment after it is notarized.

\_\_\_\_\_ Date \_\_\_\_\_

6. Are you retired from the NYS Employee Retirement System or NYS Teacher Retirement System? If YES,

Prior Membership # \_\_\_\_\_ Retirement Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

We are now required to annually report your income from both retirement systems to the State of New York.

INTERNAL CHECKLIST	FILED	COMPLETED	APPROVED
INTERVIEW			
CERTIFICATE OR DIPLOMA			
BUILDING OF CHOICE (circle all that apply)	ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
FINGERPRINTED or OSPRA 102 FORM			

7. New York State Certificate held:

\_\_\_ Initial/Provisional Certificate \_\_\_\_\_ Date issued \_\_\_\_\_  
List subject (K-6, English, Math, Science, etc.)

\_\_\_ Permanent/Professional Certificate \_\_\_\_\_ Date issued \_\_\_\_\_  
List subject (K-6, English, Math, Science, etc.)

Teacher Assistant Certificate:     Level I     Level II     Level III    Date issued \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR CERTIFICATION OR BACHELOR'S DEGREE.  
YOUR DAILY RATE IS BASED UPON THE PAPERWORK SUBMITTED.**

8. Uncertified teachers in New York State:

\_\_\_ I do not hold a NYS Certification, but have made application to NYSED for one.     YES     NO  
If yes, date submitted and subject area(s) \_\_\_\_\_

If no, when, if ever, do you expect to be ready to apply for such and subject areas(s) \_\_\_\_\_

\_\_\_ Never filed an application for NYS Certification, but hold a bachelors degree

\_\_\_ Never filed an application for NYS Certification

Please submit your evaluation of deficiencies toward certification issued by the Division of Teacher Education and Certification

9. EDUCATION:

College graduated from \_\_\_\_\_ year \_\_\_\_\_ degree \_\_\_\_\_

10. If you have not graduated, are currently attending college? Indicate total number of credit hours annually \_\_\_\_\_

11. If you do not have a bachelor's or Master's degree, please indicate the total credit hours you have earned to date and the degree working toward:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
credit hours                      degree working toward                      College

12. REFERENCES: Please list reference that would have knowledge of your qualifications for position:

NAME	ADDRESS & PHONE #	POSITION

13. Has an investigation been conducted or pending at the time of separation from prior employment? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

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## Fingerprint Instructions

You will be required to be fingerprinted with NYS Education Department prior to your appointment with the Board of Education.

If you have been fingerprinted, please complete the OSPRA 102 form and return with your application.

If you are **not** fingerprinted, please follow these instructions:

- 1) Go to the website [www.identogo.com](http://www.identogo.com)
- 2) Click on the "State Fingerprinting" button.
- 3) Select New York and hit "GO"
- 4) Scroll down and click on the "State Fingerprinting" button (again)
- 5) Click on the "click here" link at the next screen to get the service code.
- 6) Select New York, enter the ORI it is **TEACH**. Hit submit and follow the instructions to register online.

➤ Without internet access please call 877-472-6915. You will be required to provide an "ORI Number", it is **TEACH**, when requested.

Please make payment while registering online with a credit card. You will need to travel to one of the vendor locations to complete the fingerprinting process. Locations and hours are on the website that when you register.

After you have had your appointment contact Charlie Cowen at 315-839-6313. You will need to supply your social security number to allow the district to retrieve your fingerprint clearance from the State Education Department's TEACH system.

- 1) Once your application is approved by the Board of Education, an appointment letter with additional paperwork will be mailed to the address on your application. Please complete and return this paperwork to the Superintendent's office.



# 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)

<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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."</li> <li>• Make no other marks in the box below or the box to the right of this space.</li> </ul>		OSPRA Processing Dates
SAUQUOIT VALLEY CENTRAL SCHOOL 2601 ONEIDA STREET SAUQUOIT, NY 13456	(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES:  411603
		Title of position employee will be placed in:  
	Signature of employer representative or fingerprint contact person:	Date:

### SECTION 3

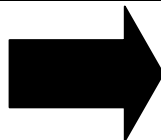
1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
  2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. .
- 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