

Sauquoit Valley Central School
2601 Oneida Street
Sauquoit, NY 13456

ONLINE
SCHOOL RELATED PROFESSIONAL SUBSTITUTE
[EXCEPT BUS DRIVERS]
EMPLOYMENT APPLICATION PROCEDURE

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

1. Attached please find the following:
 - School Related Professional Application
 - Fingerprint Instructions
 - OSPRA/102 [to be completed only if previously fingerprinted for State Education Department]
2. All completed applications **are to be mailed** to the supervisor of the building of your choice.

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

1. The appropriate office to where you submitted your application will contact you for an interview/meeting.
2. Substitute teacher applicants fill this form out. All other applicants such as nurse, teacher aides, laborers, custodians and bus drivers must apply through Civil Service at ocgov.net and click the **Apply** button near Sauquoit Valley Central School. If you need assistance contact Superintendent's Office at 315-839-6311.
3. If you are fingerprinted, the OSPR-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.
4. After you have had your appointment for fingerprinting contact the Superintendent's Office at 315-839-6311. 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

SCHOOL RELATED PROFESSIONAL SUBSTITUTE APPLICATION

EXCLUDING BUS DRIVERS

Social Security # _____

Home Telephone # _____

Mr. /Mrs./
Miss _____

Address _____

City _____ State _____ Zip Code _____

1. Position[s] applying for _____

2. NYS Education Department Fingerprint Requirement:

All new applicants for employment must be fingerprinted after they are approved by Civil Service:

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

3. Are you currently a member of the NYS Employee 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 Employee 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 Employee 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 ERS 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 your membership will start from the first day of employment.

Signature _____ Date _____

4. 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.

5. EDUCATION:

Name of High School and/or College	Major	Year Graduated	Degree or Semester Hours

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

NAME	ADDRESS & PHONE #	POSITION

7. WORK EXPERIENCE: Please list most recent first. List all positions held.

Place of Employment	Address & Phone #	Immediate Supervisor	From	To	Reason for Leaving

Has an investigation been conducted or pending at the time of separation from prior employment? _____

Signature _____ Date _____

PLEASE PRINT NAME _____

SAUQUOIT VALLEY CENTRAL SCHOOL
2601 Oneida Street
Sauquoit, NY 13456

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
 - 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 Marie Goodman at 315-839-6311. 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
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)

- 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.
- 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."
- Make no other marks in the box below or the box to the right of this space.

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:	Telephone # of fingerprint contact person:
		315-839-6313

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.

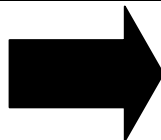
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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