



SOUTH COUNTRY

CENTRAL SCHOOL DISTRICT

189 Dunton Ave. East Patchogue, New York 11772

Phone: 631-730-1530 **Fax:** 631-758-4637 **Email:** HR@SouthCountry.org

www.SouthCountry.org

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:	DATE:
NAME:	SSN: - - DOB:
STREET ADDRESS:	TOWN:
HOME PHONE NUMBER:	STATE & ZIP:
CELL PHONE NUMBER:	EMAIL:

TENURE

Have you ever been tenured in any public school district or by a Board of Cooperative Services (BOCES) in the State of New York?

Check One: Yes [] No []

If you checked "YES", please provide documentation within 30 days of appointment to position.

Name of School District or BOCES:

Date Appointed: Date of Tenure: Tenure Area:

Do you have prior service in a previous district as a probationary teacher/long term leave replacement teacher?

EDUCATION

HIGH SCHOOL NAME:	LOCATION:
	DATE GRADUATED:

Colleges and Universities attended (List most recent first)		Attended Month/Year	Credits Awarded	Degree Type	Degree Date
Institution:	From				
Location	To				
Institution:	From				
Location	To				
Institution:	From				
Location	To				
Institution:	From				
Location	To				

TOTAL NUMBER OF UNDERGRADUATE CREDITS LISTED ABOVE:	
TOTAL NUMBER OF GRADUATE CREDITS LISTED ABOVE:	

CERTIFICATES

CERTIFICATE TITLE	TYPE (Initial, Professional, etc)	Date Issued	Date Expires	State

STUDENT TEACHING, INTERNSHIP, PRACTICUM, ETC.

School or Institution	Term-Month/Year		Grade/Level/Area
School:	From		
City, State:	To		
School:	From		
City, State:	To		
School:	From		
City, State:	To		
School:	From		
City, State:	To		

ADDITIONAL INFORMATION

Check either "Yes" or "No" for each of the following questions. If you check a box containing an asterisk (*), provide an explanation in the space provided below. Number your explanations to correspond to the question.

NUMBER	YES	NO	QUESTIONS
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Can you prove that you are age 18 or older, if hired?
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Can you prove your eligibility to work in the United States, if hired?
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever been discharged from a position?
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied tenure?
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever been asked to resign rather than being discharged or denied tenure?
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime?
7	<input type="checkbox"/>	<input type="checkbox"/>	Do you use illegal drugs?
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed by this district by another name?
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are your military, employment or educational records under any other name?
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If you were in the military, did you receive an Honorable Discharge?

Instructions: In this space, provide additional information or your explanation concerning any box which you checked above that contains an asterisk (*). Attach additional sheets if this space is insufficient. Be sure to *number your remarks* so that they correspond to the question to which they refer.

EMPLOYMENT HISTORY in the FIELD OF EDUCATION

<i>(List chronologically with the most current first)</i>	Start Date	End Date
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
TOTAL YEARS OF PUBLIC SCHOOL EXPERIENCE:		
TOTAL YEARS OF NON-PUBLIC SCHOOL EXPERIENCE:		

OTHER EMPLOYMENT (INCLUDING MILITARY SERVICE)

<i>(List chronologically with the most current first)</i>	Start Date	End Date
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		
Institution: _____ Position: _____ City, State: _____		

REFERENCES

In the space below provide the requested information for five people, including your immediate supervisor, with whom you have worked or who otherwise have first hand knowledge of your character, scholarship, work habits, and professional abilities. Provide the name of your immediate supervisor in the top left box next to the asterisk (*) then continue to enter the required information

Name*: _____ Address: _____	Work Phone: _____ Position: _____
Name: _____ Address: _____	Work Phone: _____ Position: _____
Name: _____ Address: _____	Work Phone: _____ Position: _____
Name: _____ Address: _____	Work Phone: _____ Position: _____
Name: _____ Address: _____	Work Phone: _____ Position: _____

EXTRACURRICULAR ACTIVITES

Please list all extra curricular activities that you have interest and/or expertise in and would like to be involved with at the South Country Central School District

1.)	6.)
2.)	7.)
3.)	8.)
4.)	9.)
5.)	10.)

All employees must be able to successfully complete the New York State Fingerprint Process prior to employment and submit the confirming documentation to the HR office prior to employment. All certificated employees must submit their **OFFICIAL** transcripts (**BOTH UNDERGRADUATE & GRADUATE**) to the Office of Human Resources within 30 days of employment. Other terms of employment include but are not limited to the submission of a physician's note indicating employee is in general good health.

Important information concerning your employment application and the pre-employment process:

A complete application for any position includes a completely filled out application form (this document) accompanied by your cover letter, current resume, copy of appropriate New York State Certification(s) or verification of eligibility, official copy of undergraduate and graduate transcripts, three current (within the last year) signed letters of professional recommendations with telephone numbers, and a one page (type written) statement of your educational philosophy (instructional employees only). The school district's acceptance of your application does not obligate the district to invite you to be interviewed or to hire you. Your application will be kept on file for six months, after which it will be destroyed. Positions are posted on our website, www.southcountry.org and all applicants must apply as indicated on the posting.

I acknowledge that I have read and understand the solicitations of information set forth within the employment application and pre-employment process. I also certify that the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand and agree that if any information is not filled in on this application, or that if any false information is furnished by me on this application or otherwise during the pre-employment process, the school district will then reject the application. If any false information is furnished, I will then be ineligible for future employment and may be subject to criminal prosecution; and, further, that if I am employed by the school district, I may then be dismissed from employment, criminally prosecuted and face revocation of my teaching certificate if it is later determined that I furnished false information on this application or otherwise during the pre-employment process. I understand that in order for the school district to determine my eligibility, qualifications, and suitability for employment, the school district may conduct a background investigation if I am considered for an offer of employment. This investigation may include inquiring of my current and former employer(s) and educational institution(s) attended concerning any aspect of my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my date(s) of employment and enrollment, degree(s) attained, positions(s) held and reason(s) for separating from employment; further inquiries may be made as to whether or not I could or would be re-hired, the reason(s) for not-rehiring (if applicable), and any other pertinent information relating to my status during my prior employment or attendance (educational institution). I hereby give my consent for any employer or education institution to release any information request in connection with this background investigation. I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, any officer or employee, that in good faith furnishes written or oral references requested by this school district to complete its background investigation.

Print Name of Applicant

Signature of Applicant

Date



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Notice Of Conditional Appointment

I, the undersigned, fully understand that if I am appointed by the Board of Education of the South Country Central School District, such appointment is conditional upon the receipt of clearance for employment by the New York State Education Department. In the event that I do not receive such clearance, this document will constitute my resignation, effective the date of the notice of the denial of my application for clearance for appointment by the New York State Education Department.

I attest that, to the best of my knowledge, there are no pending criminal charges or criminal convictions pending against me in any jurisdiction outside the state; and, further, that there are no pending criminal charges or criminal convictions against me in any jurisdiction.

I understand that if I provided any false information to the School District and am employed by it, I may be dismissed from employment, criminally prosecuted, and, if applicable, face revocation of my teaching certificate(s).

I acknowledge that I have read the South Country School Board Policy number 6170 (adopted 8/15/2012) entitled "Safety Of Students (Fingerprinting Clearance Of New Hires)". I agree to abide by the provisions thereof and understand that my failure to do so will result in appropriate disciplinary action.

Review Of Policies Acknowledgment

I acknowledge that I reviewed the Board of Education policy number 3420 *Non-Discrimination And Anti-Harassment In The School District*, Regulation 6000 *Consolidated Complaint Regulation/Procedure for Students and Employees*, and the *Consolidated Complaint Form*. I also acknowledge reviewing policy number 6110 *Code Of Ethics For Board Members And All District Personnel*.

I further acknowledge that I have read, understand and agree to abide by the aforementioned policies, regulations, and procedures.

Employee Signature: _____

Employee Name (*Print*): _____

Date: _____



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Hepatitis B Vaccination

(Statement of Employee's Decision)

I have been provided general information about Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have at least 3 doses of vaccine over a six (6) month period to confer immunity. However, as with all medical treatment there is no guarantee that I will become immune or that I will not experience adverse side effect(s) from the vaccine.

I understand that the South Country Central School District, as my employer, is making arrangements, at no charge to me, to provide for Hepatitis B vaccination if I so choose to participate.

Please initial the applicable category listed below:

_____ I have already been immunized.

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I hereby grant permission for South Country Central School District to arrange for the administration of the Hepatitis B vaccine.

Employee Signature: _____

Employee Name (*Print*): _____

Date: _____



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Related Party Disclosure Form

As per the South Country Central School District auditors, all employees of the South Country Central School District are required to provide the following information:

Do any member(s) of your immediate family currently work at the South Country Central School District or currently serve as a member of the South Country Central School District's Board of Education? A member of one's Immediate Family means:

- Spouse
- A child, grandchild, parent, grandparent, brother, sister, uncle, aunt, nephew, niece or the spouse of any such person
- A person having a step-relationship described above
- Parents-in-law, brothers- or sisters-in-law, sons- or daughters-in-law
- Any person who resides in the same household as you

Yes _____ No _____

If **YES**, please provide the following information:

Name(s) of Immediate Family Member(s)	Position or Board Member
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

I attest that the information I have provided is true to the best of my knowledge and I understand that any misrepresentation of information on this form may be grounds for denial of employment or my immediate dismissal.

Employee Signature: _____

Employee Name (*Print*): _____

Date: _____



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District Policies

I have reviewed the following South Country Central School District Board of Education Policies and Administrative Regulations:

3420	Anti-Harassment, Complaints and Grievances
5230	Acceptance of Gifts, Grants & Requests to the School District
5640	Smoking/Tobacco use
5661	District Wellness Policy
5680	Safety and Security
5683	Fire Drills, Bomb Threats and Bus Emergency Drills
5692	Human Immunodeficiency Virus (HIV) Related Illnesses
6110	Code of Ethics
6120	Equal Employment
6121	Sexual Harassment
6131	Evaluation of Certified Personnel
6150	Alcohol, Drugs and Other Substances (School Personnel)
6151	Drug Free Workplace
6170	Safety of Students
6180	Staff-Student Relations
6212	Certification and Qualifications
6213	Professional Certification
6215	Probation and Tenure
6216	Disciplining of a Tenured Teacher
6410	Staff use of Computerized Information Resources
6411	Use of Email in the School District
6460	Jury Duty
6510	Health Insurance
6520	Workers' Compensation
6530	Employee Assistance Program (EAP)
6550	Leaves of Absence
6551	Family and Medical Leave Act
7240/R	Student Records: Access and Challenge
7350	Corporal Punishment/Emergency Interventions
7530	Child Abuse
7551	Sexual Harassment of Students
7552	Student Bullying Prevention
8130	Equal Education Opportunities
8220	Career and Technical (Occupational) Education

Please sign for, review and comply with the Policies and Regulations.

Employee Signature: _____

Employee Name (*Print*): _____

Date: _____



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Oath Of Allegiance

“I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and I will faithfully discharge the duties of the position of _____ according to the best of my ability.”

Employee Signature: _____

Employee Name (*Print*): _____

Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name South Country Central School District	
Employer's Business or Organization Address (Street Number and Name) 189 N. Dunton Ave.		City or Town East Patchogue	State NY	ZIP Code 11772

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Once applicant is recommended for a position, the following documents must be submitted to the Office of Personnel:

- Complete Application
- Driver License
- Social Security Card
- NYSED fingerprint clearance
- 3 signed professional letters of recommendation
- Certifications (*if applicable*)
- Official transcript(s) in sealed envelope (*if applicable*)

- NYS Security Guard License (*Security Guards only*)
- CPR/AED Certifications (*Security Guards/Nurses/Coaches only*)

Upon Board of Education approval, the following documents will need to be completed and submitted to:

Personnel:

- Physician's note of general good health

- \$25.00 Money Order or Bank Check payable to NYS Dept. of State (*Security Guards only*)

Accounting:

- Form W-4
- 403B Tax Sheltered Annuity
- Choosing payroll frequencies for the school year
- Direct Deposit Authorization Agreement
- Retirement System form
- OMNI Group form



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Thank you for your interest in working within the South Country Central School District.

Please complete this packet and mail it to:

South Country Central School District

Attn: Personnel

189 N. Dunton Avenue

East Patchogue, NY 11772

The Office of Personnel will contact you to schedule an appointment.

Please make sure the requested information in the application packet is complete and accurate. Please bring the following with you to your interview:

- ✓ Driver License & Social Security Card
- ✓ 3 signed letters of professional recommendation
- ✓ Security Guard License & CPR/AED Certification (*Security Guards only*)

All applicants must successfully complete the New York State Education Department's fingerprint requirements.

SUBSTITUTE RATES

Itinerant (Daily) Substitute Teacher	\$130.00 per day
Permanent/Building Substitute Teacher	\$150.00 per day
Substitute Teaching Assistant	\$16.00 per hour
Substitute Aide and School Monitor	\$15.00 per hour
Substitute Office Assistant	\$16.00 per hour
Substitute Custodial Worker	\$16.00 per hour
Substitute Registered Nurse	\$175.00 per day
Substitute Guard	\$19.00 per hour