

HASTINGS-ON-HUDSON PUBLIC SCHOOLS

27 Farragut Avenue

Hastings-on-Hudson, New York 10706

Phone: (914) 478-2900

www.hohschools.org



AFFIDAVIT

I, _____, hereby acknowledge that my appointment to the position of _____, if approved by the Board of Education, is subject to/contingent upon the satisfactory completion of the fingerprinting process and background check involving State and Federal authorities required by the New York State Education Law, and that I will be required to pay the fees for this process.

I understand and agree that notwithstanding any notice requirements ordinarily contained in the Education Law and/or collective bargaining agreements, my appointment may be immediately rescinded if the background check referred to above does not generate a clearance from the New York State Education Department to serve as an employee of the School District.

I hereby swear that, to the best of my knowledge, I know of no criminal conviction against me in any jurisdiction and further swear that there are no criminal charges pending against me currently and that I know of no other reason why my background will not result in a clearance being issued allowing me to serve as an employee of the School District.

Date

Signature

Sworn to before me the _____ day of _____, 2____.

Notary Public