



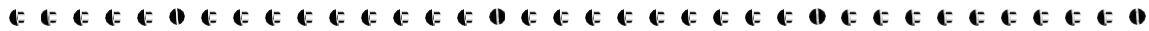
CENTRAL SCHOOL DISTRICT  
PO Box 300 BOICEVILLE, NEW YORK 12412  
845-657-6383

## 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 1, 2001 New York State law requires all school district employees to be fingerprinted prior to working. There is a **\$101.25 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 - \$155.00/day	Uncertified Substitute Teacher - \$120.00/day
Nurse (RN) - \$195.00/day	Clerical - \$16.00/hour
Certified Teaching Assistant - \$120.00/day	Uncertified Teaching Assistant - \$105.00/day
Food Service \$16.00/hour	School Monitor - \$16.00/hour
Custodial - \$16.00/hour	Bus Driver - \$16.00/hour

Onteora Central School District is an equal opportunity employer. The Onteora Central School District does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX and its regulations, including in admission and employment.

Inquiries about Title IX may be referred to the District's Title IX Coordinator, the U.S. Department of Education's Office for Civil Rights, or both. The District's Title IX Coordinator is Stephanie Laffin, Assistant Superintendent for Curriculum and Instruction, 4166 Route 28, Boiceville, NY 12412, email: [TitleIX@onteora.k12.ny.us](mailto:TitleIX@onteora.k12.ny.us). The contact information for OCR is [found here](#).

The District's [Nondiscrimination Policy 6120](#) and [grievance procedure](#) are available in the Onteora School District Policy Manual.

To report information about conduct that may constitute sex discrimination or make a complaint of sex discrimination under Title IX, please send an email to [TitleIX@onteora.k12.ny.us](mailto:TitleIX@onteora.k12.ny.us). You may also refer to [Policy 3420](#), [Policy 3421](#), and [Policy 3421.1](#) which can also be found in the District's Policy Manual.

ONTEORA CENTRAL SCHOOL DISTRICT  
Boiceville, New York 12412

*"Excellence in Education"*

## Coaching Application

Position Applying for: \_\_\_\_\_ Level \_\_\_\_\_  
(Ex: Girls Soccer, Boys Track) (Ex. Varsity, JV, Modified)

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Other Name: \_\_\_\_\_  
Provide additional information relative to a change in name, use of an assumed name or nickname,  
necessary to enable a check on your work record.

Present Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Have you ever been fingerprinted to work for a school district?  yes  no

Have you ever been convicted of a crime?  yes  no

Are any criminal charges or proceedings pending against you?  yes  no

If "yes" to either or both of the above, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S citizen?  yes  no

NYS Teacher Retirement System Member?  yes  no  
If so, indicate number and tier \_\_\_\_\_

## ***Educational /Certification***

Check all boxes that apply and attach copies of certification when submitting application

- |   |  |
|---|--|
| <input type="checkbox"/> NYS Certified Physical Ed. Teacher | <input type="checkbox"/> Heat Training Certificate                     |
| <input type="checkbox"/> Current First Aid Certificate      | <input type="checkbox"/> NYS Coaching Certificate                      |
| <input type="checkbox"/> Current CPR/AED Certificate        | <input type="checkbox"/> Non Certified (Proof of Completed Coursework) |

## ***Related Experience***

Dates	Name and location of Employee	Nature of Experience	Total Years	Reason for Leaving

## ***Optional Statement/Additional Information:***


***Please read carefully before signing:***

The information submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall be cause for dismissal from service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**NTEORA**  
 CENTRAL SCHOOL DISTRICT  
 PO Box 300 BOICEVILLE, NEW YORK 12412  
 845-657-6383

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: \_\_\_\_\_

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