ONTEORA
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.

New York State law requires all school district employees to be fingerprinted prior to employment. The fingerprinting fee is **$104.50** and will be reimbursed to substitute employees after they have worked 20 days.

2026–2027 SUBSTITUTE PAY RATES

POSITION(S)	**RATE**
Certified Substitute Teacher	$155.00/day
Registered Nurse (RN)	$195.00/day
Uncertified Substitute Teacher Certified Teaching Assistant	$120.00/day
Licensed Practical Nurse (LPN)	$115.00/day
Uncertified Teaching Assistant	$105.00/day
Clerical • Food Service • School Monitor • Custodial • Bus Driver	$17.00/hour
ONTEORA RETIREE RATES	
Certified Substitute Teacher	$195.00/day
Certified Teaching Assistant	$145.00/day
Clerical • Food Service • School Monitor • Custodial • Bus Driver	$20.00/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. 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. You may also refer to Policy 3420, Policy 3421, and Policy 3421.1 which can also be found in the District's Policy Manual.

Rev. 07/24/26

ONTEORA
CENTRAL SCHOOL DISTRICT

PO Box 300
Boiceville, NY 12412

Phone (845) 657-6383
Fax (845) 657-8742

Please complete and return to the Personnel Office

PROFESSIONAL APPLICATION

POSITION PREFERENCE

ELEMENTARY/INTERMEDIATE K ☐ 1-6 ☐ Subject (if applicable) _____	MIDDLE/HIGH SCHOOL 7-12 Subject (S) _____ _____	OTHER i.e., Guidance, Psychologist, Administrative/Supervisory Specify: _____

PERSONAL INFORMATION

Name:_____
Last First Middle

Other Name(s):

_____
Additional information relative to change of name, assumed name or nickname

Mailing Address:

_____

_____Telephone#:_____

Permanent Address:

_____

_____Telephone#:_____

Social Security Number:_____N.Y.S Retirement System Member? ☐ Yes

If so, Indicate #:_____ ☐ No

Estimate your total absence from work or school for the last five years_____

Are you a U.S. Citizen? ☐ Yes ☐ No

If not, indicate what type of visa and alien registration number_____

CERTIFICATION (if pending, please indicate)

State	Date Issued	Type (Prov. – Perm)	Subject Validity	Certificate Number

Applicants must bring original Teacher Certification to a scheduled interview so that a certified copy can be made and included with this application.

EDUCATION

Dates Attended	High School, College or University	Major Field	Date Graduated	Degree

Applicants must bring official transcript from each college attended to a scheduled interview so that copies can be made and attached (or applicant can arrange for the transcripts to be forwarded).

TEACHING OR PROFESSIONAL EXPERIENCE

Number of Years	Dates	Name of School	Grade(s), Subject, Program

TENURE STATUS

Have you ever received a Tenure Appointment? ☐ Yes ☐ No

If yes, name of School District_____

Date of Permanent Appointment_____Tenure Area_____

The resolution or letter proving your tenure must accompany this application (applicable only if applying for full time position)

STUDENT OR PRACTICE TEACHING

Date(s)	Name of School	Supervisor	Grade(s), Subject, Program

WORK EXPERIENCE (as adult, other than Teaching or Professional)

Date(s)	Location	Position

REFERENCES

List three persons, not employed by Onteora Central School District, who are knowledgeable as to your teaching experience, professional experiences or academic background.

Name_____Position_____

Address_____

Telephone Number_(_____)_____

_____

Name_____Position_____

Address_____

Telephone Number_(_____)_____

_____

Name_____Position_____

Address_____

Telephone Number_(_____)_____

_____

HOBBIES, INTERESTS, EXTRA CURRICULAR SPECIALITIES

_____

_____

_____

MILITARY SERVICE

Service Dates_____to_____ Branch_____ Rank/Rating_____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with physical or mental handicaps.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed_____

CRIMINAL RECORD

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, give disposition of each charge on a separate sheet of paper and attach same.

Have you completed New York State mandated fingerprinting process? ☐ Yes ☐ No

If yes, when and where?_____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the district.

_____ _____

Signature of Applicant Date of Signature