
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	\$120.00/day
Certified Teaching Assistant	
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.



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying: _____

Exam # (if applicable): _____

Leave this space blank.

Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building; 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ **SS#** _____ - _____ - _____
Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address:

Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address:

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.		Length of Residency (Yrs./Mos.)		
School District				
Town				
Village				
County				
State				

Are you 18 years of age? Yes ☐ No ☐ If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:

_____(MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes ☐ No ☐

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

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1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?

Yes ☐ No ☐

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes ☐ No ☐

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

D. August 2, 1990 to "date to be determined"

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes ☐ No ☐

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes ☐ No ☐

I. I am currently on active duty (for other than training purposes).

Yes ☐ No ☐

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes ☐ No ☐

5. Are you: A non – disabled war veteran_____

A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes ☐ No ☐ If not, what grade did you complete? _____								
Name of school/issuing agency _____								
Address: _____								
Equivalency diploma #: _____								
For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.								
Name of school and its location	Dates of Attendance From: / / To: / / (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							

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10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 "x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

[illegible]

13. AFFIRMATION AND AUTHORIZATION TO RELEASE

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury.

I hereby authorize the Ulster County Personnel Department, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility for the examination or the position for which I am applying. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person may have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

Special Requirement for Appointment to Ulster County Positions:

Following the interview process, a prospective Employee will undergo required Criminal Background Checks and Fingerprinting after signing a Criminal Background Investigation Release Form. In accordance with Ulster County Legislative Local Law 14 of 2007 (codified as Article1, Section 98 of the Ulster County Code) or by any other applicable State and Federal Statutes, candidates for prospective employment to all Ulster County positions must obtain fitness for appointment by review and consideration by the County based on the New York State Division of Criminal Justice Services or other mandated State and Federal regulatory authority. The County shall not be precluded from withdrawing conditional offers of employment for any lawful reason, including the determination that the candidate has a conviction that bears a direct relationship to the duties and responsibilities for the position sought, or that the hiring of said candidate would pose an unreasonable risk to property or to the safety of individuals or the general public.

☐ Check here to indicate that you do not wish your present employer to be contacted at this time.

SIGNATURE _____ DATE _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.



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