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.

Please be aware that as of July 1st, 2001 New York State law requires all school district employees to be fingerprinted prior to working. There is a **\$101.75 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 - \$115.00/day Uncertified Substitute Teacher - \$85.00/day

Certified Teaching Assistant - \$85.00/day Uncertified Teaching Assistant - \$75.00/day School Monitor - \$75.00/day Nurse (RN) - \$115.00/day Nurse (LPN) - \$85.00/day Clerical - \$13.00/hour Food Service - \$12.00/hour Custodial - \$13.00/hour Bus Driver - \$13.00/hour



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received:

Title of Exam or Position for which you are applying:	Leave this space blank.		
Exam # (if applicable):	Approved: Disapproved: Conditional:		

	INSTR	UCTIONS AND IN	FORMATION		
subject to verification.	olication is part of your examination. Answer all question refully read the examination announcement before filling		dditional sheets if necessary in order to	give complete and detailed inform	ation. All statements are
	the Ulster County Personnel Department immediately if y		ys of the examination informing you wl	nether or not you are to be admitted	to the examination.
	filing fee for the examination for which you are appl	ying. Please refer to the examination o	announcement. The non-refundable f	iling fee may be waived as describ	ped on the examination
announcement. MAIL OR DELIVER TO: Ulster County Persor	nnel Department, County Office Building: 244 Fair St., Bo	(1800, Kingston, NY 12402-1800. Telepho	ne: (845) 340-3550.		
Namo			66#		
Name: Last	First	MI	S∪ffix		
Please state any other n	name(s) previously used in edu	cation or employment	·		
Mailing Address:					
Street of Physical Address:	or P.O. Box (if P.O. Box, fill in Reside	ence Address below)	City	State ZI	P
Street ((if P.O. Box or different than Mailing	Address)	City	State ZI	P
Primary Phone:		Secondary P	hone:		
Email Address:					
	anent legal residence for each the length of continuous reside		Length of Res	idency (Yrs./Mos.)	
School District					
Town					
Village					
County					
State					
Are you 18 years of age? Y	Yes □ No □ If you are und	ler 18, you will need to pro	ovide current working po	apers.	
If the position for which you	are applying has minimum/maxin	num age limits (per anno	uncement,) please ente	r your birth date:	
			(MM/DD /YYYY)		
Do you possess certification	n as an exempt volunteer firefighte	r? Yes □ No □			
If you have ever been emp location(s) and date(s) of e	oloyed by the County of Ulster or an employment:	y civil division therein (ci	ly, town, village, school	district, or special distric	ct) please state

The County of Ulster is an Equal Opportunity Employer

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2

1. Are you now serving or hav Armed Forces of the United St duty basis other than active du Yes \(\Pi\) No \(\Pi\)	e ?	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						
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 \(\sqrt{No} \sqrt{\sqrt{No}} \) NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.				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.				
3. Did you serve in the Armed Forces of the United States during any of the following periods?				6. Do you have a valid license to operate a motor vehicle in New York State? Yes - Class No				
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				7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a: ASabbath Observer and cannot be tested on Saturdays for religious reasons.				
Yes □ No □ Did you receive an expedition following conflicts? F. Lebanon - June 1, 1983 to De G. Grenada - October 23, 1983 H. Panama - December 20, 1983	-	B Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application. 8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates						
Yes □ No □ I. I am currently on active dut purposes). Yes □ No □ 4. Since January 1, 1951, have credits as a veteran for appoi the public employment of New civil divisions? Yes □ No □	el n	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 educ	ation and work e	xperien						
9. Have you graduated from I Name of school/issuing agen Address: Equivalency diploma #: For College, University, Professional, Te	cy							
Name of school and its location	Dates of Attendance From: /_To:_/_ (month/year)	Full or Part Time	# of years credited	s Did you	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	/ _To / _							
	/ _To / _							

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 3

volunteer (unpaid) experience announcement). If your title or du and as a separate employment. (most receiling most receiling most receiling most receiling will be utiles chan lift more specification.	listing your ent employm will not be re considered ged materic ace is neede	experience, beneft. You are sesolved in your if verified coully in the coued, attach 8	ne more spresponsible of favor. I and fully area of you had a limited to the same of your and your	pecific in describing those for submitting an accurunclude military service edocumented (unless car service in any one orgats of paper using the san	e which relate to the position for which ate, adequate and clear description of xperience when appropriate. Relevant therwise stated on the examination anization, indicate such change clearly ne format.)				
Length of Employment (Mo/Yr)	Firm	Name	Addr	ess	City and State	Type of Business				
From/ _ To _/										
Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of hours worked per week: FT PT Volunteer				
DUTIES: Describe the nat State	ure of the w e size and k	vork personally ind of working	performed by y force, if any, su	you, with es pervised by	timates of percentages of tin you and the extent of such s	ne spent on each type of work. upervision.				
					I	1				
Length of Employment (Mo/Yr)	Firm	Name	Addr	ess	City and State	Type of Business				
From/ _ To _/		ı		1						
Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of hours worked per week: FT PT Volunteer				
Length of Employment (Mo/Yr) Firm Name		Address								
Length of Employment (Mo/Yr)	FITTT	Name	Addre	ess	City and State	Type of Business				
Length of Employment (Mo/Yr) From/ _ To _/	FIIII	Name	Addre	ess	City and State	Type of Business				
	FITTI	I	Addre ur Supervisor	Superviso		Type of Business No. of hours worked per week: FT PT Volunteer				
From/ _ To _/	FIRM	I		1		No. of hours worked per week:				
From/ _ To _/	rim	I		1		No. of hours worked per week:				
From/ _ To _/	HIM	I		1		No. of hours worked per week:				
From/ _ To _/	HIM	I		1		No. of hours worked per week:				
From/ _ To _/	HIM	I		1		No. of hours worked per week:				
From/ _ To _/		I		Superviso		No. of hours worked per week:				
From/ _ To _/ Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of hours worked per week: FT PT Volunteer				
From/ _ To _/ Your Exact Title Length of Employment (Mo/Yr)		Name of you	ur Supervisor	Superviso	or's Title City and State	No. of hours worked per week: FT PT Volunteer				
From/ _ To _/ Your Exact Title Length of Employment (Mo/Yr) From/ _ To _/		Name of you	ur Supervisor Addre	Superviso	or's Title City and State	No. of hours worked per week: FT PT Volunteer Type of Business No. of hours worked per week:				
From/ _ To _/ Your Exact Title Length of Employment (Mo/Yr) From/ _ To _/		Name of you	ur Supervisor Addre	Superviso	or's Title City and State	No. of hours worked per week: FT PT Volunteer Type of Business No. of hours worked per week:				
From/ _ To _/ Your Exact Title Length of Employment (Mo/Yr) From/ _ To _/		Name of you	ur Supervisor Addre	Superviso	or's Title City and State	No. of hours worked per week: FT PT Volunteer Type of Business No. of hours worked per week:				
From/ _ To _/ Your Exact Title Length of Employment (Mo/Yr) From/ _ To _/		Name of you	ur Supervisor Addre	Superviso	or's Title City and State	No. of hours worked per week: FT PT Volunteer Type of Business No. of hours worked per week:				

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 4

		tice a trade or profession is listed as a requiremen currently licensed check this box \Box	t on the announcement of the examination(s)
Name of trade or profession	License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr)
			From:/To:/
12. REMARKS:			
13. AFFIRMATION AND AUTHO	DRIZATION TO RELEASE		
I affirm that the statements perjury.	made on this application	and any attached papers or docur	ments are true under the penalties of
information about me relo which I am applying. Furthe to release any or all inform	ated to the verification of er, I authorize any person vertion about me to which	my qualifications and eligibility for who receives a request to disclose in	eir behalf, to investigate and received the examination or the position for formation related to this application poecifically authorize such disclosures the information.
Special Requirement for Ap	pointment to Ulster County	Positions:	
Following the interview pringerprinting after signing Local Law 14 of 2007 (coor Federal Statutes, candidate review and consideration but the state and Federal regular employment for any lawfur relationship to the duties	process, a prospective of a Criminal Background Ir diffied as Article 1, Section es for prospective employ by the County based on the story authority. The Court I reason, including the dand responsibilities for the	Employee will undergo required nvestigation Release Form. In accor 98 of the Ulster County Code) or ment to all Ulster County positions mae New York State Division of Criminal ty shall not be precluded from etermination that the candidate h	Criminal Background Checks and dance with Ulster County Legislative by any other applicable State and ust obtain fitness for appointment by all Justice Services or other mandated withdrawing conditional offers of as a conviction that bears a direct g of said candidate would pose an
☐ Check here to indicate	that you do not wish you	r present employer to be contacte	ed 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.