

OGDENSBURG CITY SCHOOL DISTRICT

1100 State Street

OGDENSBURG, NEW YORK 13669

**Application for Employment in the Following Areas:**  
**TEACHER SUBSTITUTE/TEACHING ASSISTANT SUBSTITUTE**

**I. PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

**Present Address**

\_\_\_\_\_  
Number and Street City State & Zip

Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Home Cell

Social Security Number \_\_\_\_\_ NYS Retirement Number \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ On Call \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Company & Location: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

**II. EDUCATION**

SCHOOL	LOCATION	DATES ATTENDED	TYPE OF DEGREE OR DIPLOMA	DATE GRADUATED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
GRADUATE STUDIES				
ADDITIONAL TRAINING/EDUCATION i.e. Conferences/Workshops				

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The Board of Education, its Officers and employees shall not discriminate against any employee on the basis of race. color. national origin. creed or religion. marital status. sex. age. or otherwise qualified persons with a mental or physical disability This policy of non-discrimination includes recruitment and appointment of employees and employment pay) benefits. The Title IX Coordinator is: Ms. Brooke Reid. Assistant Superintendent for Curriculum. Instruction. Assessment and Technology. 1100 State Street, Ogdensburg. NY 13669, 315-393-0900, ext. 31902. The 504 and ADA Coordinator is: Ms. Rebecca Bascom, Director of Special Education, 1100 State Street. Ogdensburg. NY 13669, 315-393-0900. ext. 31902.  
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III. PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	LOCATION	DATES EMPLOYED	TYPE OF WORK
		to	
		to	
		to	
		to	

IV. PLEASE ANSWER YES OR NO:

Have you ever been employed by the Ogdensburg City School District: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when:

Have you ever completed the NYS Education Department fingerprinting process? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date: \_\_\_\_\_ School District: \_\_\_\_\_

If no, please note the New York State Education Department requires \$102.00 processing fee from the applicant for fingerprinting. Please contact the District Office to set up an appointment if fingerprinting is required.

Do you "illegally" use drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ U.S. Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_ # of Years \_\_\_\_\_

Are you a Volunteer Fire Department member? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

V. REFERENCES

List four references under whom you have worked who have first-hand knowledge of your character, personality and abilities.

Name	Position	Complete Address and Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

The information I have provided on this application form is true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from the job if I have been employed,

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**For Office Use Only**

Date of Hire: \_\_\_\_\_ Position Title: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_

Special Program: \_\_\_\_\_