

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** _____

Social Security Number _____ **NYS Retirement 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				

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.

III. PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	LOCATION	DATES EMPLOYED	TYPE OF WORK
		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,

For Office Use Only

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

Special Program: _____