

Taconic Hills Central School District - Non-Instructional Employment Application
 NYS Civil Service MSD - 330

Columbia County Civil Service Commission
 401 State St., Hudson, N.Y. 12534
 www.columbiacountyny.com

Position Title _____

Exam# _____

This application is part of your exam. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name (please print)

Last _____ First _____ Middle init. _____

Street address _____

City _____ State _____ Zip code _____

Phone # (home) _____ (Business) _____

1a. Mailing address (if different from above) _____

2. Social Security # _____

3. Are you under 18 or over 70 yrs. of age?

yes no

If yes or if minimum age limits are established for the position applied for, enter your date of birth here:

Mo. _____ Day _____ Year _____

4. Veterans' credit

If, for this examination, you wish to claim additional credit as an honorable discharged veteran, check the appropriate box and answer questions 10 A-F. Please request additional forms to apply for veteran credit.

- Disabled war veteran
- Non-disabled war veteran

5. Special arrangements (please explain on separate sheet)

- Religions accommodation* Handicapped person
- Alternate Test Date (see attached documentation per Alternate Test Date Policy)

**most written tests are held on Saturday. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, or need arrangements for an alternate date check the above box. We will make arrangements for you to take the test on a different date.*

6. If you are not a citizen of the U.S. do you have the legal right to accept employment in the U.S.?

yes no

7. Remarks:

8. County, Town & school district in which you now reside:

County _____ # yrs. _____
 Town _____ #yrs. _____
 School district _____ #yrs. _____

Are you an exempt firefighter yes no

Background investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Multiple exams: If you have applied to participate in multiple exams (state, county, etc.) scheduled to be held on the same test date, you must notify this office no later than 2 weeks prior to the date of this exam.

Civil Service use only:

Date _____ By: _____

Approved Conditional Disapproved

9. Check the appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? yes no

B. Did you ever resign from any employment rather than face dismissal? yes no

C. Did you ever receive a discharge from the Armed Forces of the U.S. which was other than "Honorable" or which was issued under other than honorable circumstances? yes no

D. Have you ever been convicted of any crime (felony or misdemeanor)? yes no

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? yes no

F. Are you now under charges for any crimes? yes no

If you answered "yes" to any of Questions 9 A-F above, you may give specifics under "Remarks" in section #7. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

10. Answer questions 10-A-F only if you are claiming additional credit as a disabled or non-disabled war veteran for the examinations indicated on this application.

A. Are you currently or have you ever served in the Armed Forces of the U.S. Yes No

(Army, Navy, Marine Corps, Air Force and Coast Guard when in the service of the U.S. pursuant to call as provided by law on a full time active duty basis other than active duty for training purposes)

B. Did you receive a discharge that was honorable or were you released under honorable circumstances? Yes No

C. Were you a resident of NYS on the date of your **initial entry** in the Armed Forces of the US? Yes No

D. Did you serve in the Armed Forces of the U.S. during Any of the following periods? Yes No

- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb 28, 1961 to May 7, 1975

- U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945; OR June 26, 1950 to July 3, 1952; OR

- A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970; OR

- June 1, 1983 to Dec. 1, 1987 (Lebanon)

- Oct. 23, 1983 to Nov. 21, 1983 (Grenada)

- Dec. 20, 1989 to Jan. 31, 1990 (Panama)

- Aug. 2, 1990 to (no ending date) Persian Gulf

E. Are you currently a resident of New York State? Yes No

F. Since Jan. 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

(Note credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal or the Marine Corps Expeditionary Medal.)

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION
 THIS AFFIRMATION MUST BE COMPLETED:

I affirm that the statements made on this application, including any attached papers are true under the penalties of perjury.

Signature _____ date _____

Indicate any other last name by which you are or may have been known:

11. Have you graduated from high school? Yes no Year you graduated:

If yes, name and location of High School: _____

If you have a high school equivalency diploma, indicate issuing Government Agency: _____

Diploma # _____ Date of issue _____

	Name of school & location	Date of Attendance From to:	Day or night	Full or part time	No of years credited	Type of course or Major	# of credits received	Type of degree	Date degree received or expected
College or university									
Other schools or special courses									

12. Licenses. If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following:
 Trade: _____ License # _____ Date of Issue: _____

13. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

14. Description of experience (Answer this question only if the announcement specifies minimum experience requirements)

Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			

OSPRA 102 (1/03)

Clearance For Employment Request Form

(Type or Print All Information)

Office of School Personnel Review and Accountability

NYS Education Department
987 Education Building Annex,
Albany, NY 12234

ph: (518) 473-2998 fax: (518) 473-8812

www.highered.nysed.gov/tcert/ospra

OSPRA@mail.nysed.gov

Instructions

This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards. Sections 1 and 3 are to be completed by the prospective employee. The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)

Social Security Number:

Date of Birth: (00/00/0000)

Mailing Address

City

State

Zip

SECTION 2 (This section MUST be completed by the school district, charter school or BOCES)

• Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES. • This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates." • Make no other marks in the box below or the box to the right of this space.

OSPRA Processing Dates

Taconic Hills Central School District
Superintendent of Schools
73 County Route 11A
Craryville, NY 12521

(leave blank)

First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:

100501

Title of position employee will be placed in:

Signature of employer representative or fingerprint contact person:

Date:

Telephone # of fingerprint contact person:

SECTION 3

1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation. 2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998. I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Signature:

Date:

SECTION 4

Mail or fax completed OSPRA 102 to:
OSPRA NYS Education Department 987 EBA Albany, NY 12234
fax: (518) 473-8812

