

SPACKENKILL UNION FREE SCHOOL DISTRICT

Human Resources - 15 Croft Road
Poughkeepsie, New York 12603
(845) 463-7800

APPLICATION FOR SUBSTITUTE TEACHING

The Spackenkill Union Free School District does not discriminate on the basis of age, race, gender, creed, color, national origin, marital status or disability in admission or access to treatment or employment in the programs and activities which it provides. Information, including complaint procedures, is available at the offices of the Superintendent to any individual who believes that his/her rights may have been violated by the District or its officials.

Name _____ Date _____

Address _____ Phone _____

City _____ Zip Code _____

Email Address _____

Are you a member of the NYS retirement system? Yes, _____ Ret. No. _____ No

Social Security No. _____ Citizen of U.S.? Yes No

Have you had your fingerprints taken for a school district? Yes, Date _____ No

Marital Status _____ Date of Birth _____ Gender Female Male

TEACH ID# _____

PREPARATION

Degree _____ Major _____ Name of College _____

CERTIFICATION Yes ***(MUST PROVIDE COPY OF CERTIFICATION)*** No

Type _____ State _____ Qualifies For _____

If no certification, what are you qualified to teach? _____

TEACHING EXPERIENCE

School(s) _____ Grade/Subject _____ Date(s) _____

Nassau Elementary School (Gr. K-2)
7 Nassau Road
Poughkeepsie, NY 12603 463-7843

O. A. Todd Middle School (Gr. 6-8)
11 Croft Road
Poughkeepsie, NY 12603 463-7830

Hagan Elementary School (Gr. 3-5)
42 Hagan Drive
Poughkeepsie, NY 12603 463-7840

Spackenkill High School (Gr. 9-12)
112 Spackenkill Road
Poughkeepsie, NY 12603 463-7810

PLEASE CHECK DESIRED SCHOOL(S) ABOVE

PROFESSIONAL REFERENCES *(Please list a minimum of 3 references - friends or relatives are not acceptable)*

Name	School District	Position	Email	Phone

Did you graduate from Spackenkill High School? Yes - Year _____ No

Do you have a valid license to operate a motor vehicle in New York State? Yes No

Do you need a reasonable accommodation to perform the essential functions of the job for which you apply? Yes No
If yes, please explain _____

Have you ever been found guilty of charges brought pursuant to an Education Law §3020 proceeding any other disciplinary proceeding?
 Yes No If yes, please give the specifics of the charge(s) of which you were found guilty, the penalty you received and when the determination as to guilt and penalty were made.

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

Have you ever been convicted of any crime (felony or misdemeanor)? * Yes No
If yes, please explain _____

If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable?
 Yes No Not Applicable

If yes, you may attach specifics on a separate sheet of paper.

** The District reserves the right to diligently confirm this information.*

_____ Date _____ Signature of Applicant

Please note that you will be notified when your name has been placed on the active substitute list. Should your phone number or availability change, please contact our office.

FOR OFFICE USE ONLY

REFERENCE CHECK INFORMATION

Name	Comments	Date Contacted

Date Interviewed _____ Comments _____

Administrator's/Supervisor's Signature _____ Date _____

Superintendent's Signature _____ Date _____

Submitted for Board of Education Approval _____

Date of Final Clearance granted _____

OFFICE USE ONLY
Interviewed _____
Reference Ck _____
Fingerprinted _____

Book	POLICY BOOK
Section	4000 PERSONNEL
Title	Substitute Teacher Pay
Number	4114.1
Status	Active
Adopted	December 9, 1985
Last Revised	July 3, 2007
Last Reviewed	October 1, 2012

It is the policy of the Board of Education to pay substitute teachers as follows:

Certified Teacher: \$85 per day

In order to receive the certified rate, a copy of your certification is required.

Uncertified Teacher: \$80 per day

Registered Nurses: \$150 per day

Substitute teacher assistants, aides, monitors, and clerical: \$11.10 per hour as of 12/31/18

As of July 1, 2001, the State Education Department has required us to fingerprint any potential employees working for the Spackenkill Union Free School District. If you have not had them done, you will be contacted to make arrangements to have your fingerprints taken.

Return entire packet to the district office at the address at the top of the application.



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)

<ul style="list-style-type: none"> • 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	
Spackenkill Union Free School District 15 Croft Road Poughkeepsie, NY 12603		(leave blank)	First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:
			131602
			Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person:	
<i>Deidre A. Canano</i>		845-463-7800	

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 completed
OSPRA 102 to:



Spackenkill UFSD
Human Resources
15 Croft Road
Poughkeepsie, NY 12603