

SPACKENKILL UNION FREE SCHOOL DISTRICT

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

APPLICATION FOR EMPLOYMENT

Please check: Aide / Monitor Custodial Available to Substitute Yes No
 Clerical Grounds High School Todd M.S.
 Food Service Maintenance Nassau Elem. Hagan Elem.
 Bus Driver Other _____ District Wide

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or marital status. 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, sex, disability, or marital status in connection with employment in the Spackenkill Union Free School District.

Name _____ Date _____

Address _____ Phone _____

City _____ Zip Code _____

Email Address _____

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

Have you had your fingerprints taken? Yes, Date _____ No

EDUCATION

Schools Attended

Degree or Diploma

DESCRIPTION OF EXPERIENCE

Firm Name: _____ Position: _____

Firm Address: _____ Phone: _____

Supervisor: _____ Length of Employment: _____

Description of Duties: _____

Firm Name: _____ Position: _____

Address: _____ Phone: _____

Supervisor: _____ Length of Employment: _____

Description of Duties: _____

Firm Name: _____ Position: _____

Address: _____ Phone: _____

Supervisor: _____ Length of Employment: _____

Description of Duties: _____

SPACKENKILL UNION FREE SCHOOL DISTRICT

Human Resources - 15 Croft Road
Poughkeepsie, New York 12603-5028
(845) 463-7800

REGULAR OR SUBSTITUTE BUS DRIVER APPLICATION - Part II

Name _____

Last Previous Address _____

City _____ Zip Code _____

1. Class of driver's license _____ Expiration date of such license _____

Motorist Identification Number _____

State of Issuance _____

2. How many years have you driven? _____

Have you ever had an accident while driving over the past five years which resulted in injuries to yourself or others?

Yes No

If yes, describe the extent of the accident or accidents _____

3. Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? If yes, give:

Date:

Charge:

Court and Location:

4. Active driving experience: _____ years

Passenger bus or heavy truck: _____ years

Light truck or station wagon: _____ years

5. Are you presently employed? Yes No

If yes, where: _____

6. Have you ever attended a Bus Driver Training Course? Yes No

Other such courses?

Yes

No

If yes, give date, place and duration of each course:

7. * Attach to this application form at least three (3) statements from three different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability. (please list name, address, and phone)

Reference #1: _____

Reference #2: _____

Reference #3: _____

Reference #3: _____

To the best of my knowledge and belief, the answers to the above questions are true.

Date

Signature of Applicant

If you knowingly make a false statement in this application, you commit a misdemeanor.

* Denotes Education Department requirements.

FOR OFFICE USE ONLY

* I have reviewed the above application, the three character statements and the report of the physician pertaining to the above named applicant for the position of bus driver the year 20__ to 20__ for Spackenkill Union Free School District, Town of Poughkeepsie, County of Dutchess.

I hereby approve his (her) employment.

Date

Transportation Supervisor or Chief School Officer



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

	(leave blank)	First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:
		Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person:

SECTION 3

- 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.
 - 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