

District Office

2083 College Avenue
 Elmira Heights, NY 14903
 Michael F. Gill, Superintendent
 Phone: (607) 734-7114
 Fax: (607) 734-7134
 CSE: (607) 733-8039
www.heightsschools.com

EMPLOYMENT APPLICATION

Position Preference

<input type="checkbox"/> Teacher – Elementary <input type="checkbox"/> Teacher – Secondary Subject _____ Subject _____	<input type="checkbox"/> Teacher Aide <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Administrative <input type="checkbox"/> Office	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute <input type="checkbox"/> Summer
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Personal Information

Name _____
 Last First Middle

Present Address _____ Telephone (home) () _____
 _____ Telephone (cell) () _____

Email Address _____ Social Security Number _____

Have you ever been convicted of a crime? If yes, give details _____

Do you have any disability which would interfere with your performing the duties of this position? _____

Are you eligible to work in the United States? Yes No

Certificate/License

I hold the New York State Teaching/Administrative/Teaching Assistant Certificate(s) described below. **Please provide copies.**

Type (ex. Initial, Provisional, Permanent, etc.)	Area	Certification Number	Date Issued	Date Expires

If you do not have a New York State Teaching Certificate, have you made application for one? Yes No

List other certificates/licenses you hold _____

Enter with high expectations – leave with confidence and pride.

Equal Opportunity Employer

Education and Professional Training

	School Name/ Location	Dates Attended	Date of Completion	Degree or Diploma	GPA	Major/Minor
High School						
College* (Undergraduate)						
College* (Graduate)						
Other*						

* Provide copy of transcripts

Educational Work Experience

Dates From/To	School Name/Location	Title, Nature of Work Subject, Grade Level	No. of Years

Student Teaching

Dates	School Name/Location	Subject, Grade Level	Supervising Teacher

Non-Teaching Work Experience

Dates From/To	Employer & Address	Title, Nature of Work	Reason for Leaving	Name of Supervisor

When would you be available for a position in Elmira Heights? _____ Salary Desired _____
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Enter with high expectations – leave with confidence and pride.

Equal Opportunity Employer

References

Name	Position	Address	Telephone Number

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for subsequent dismissal from employment if I am hired. I also agree to notify the Elmira Heights Central School District of any material changes in the information provided on this application. I hereby consent to have the Elmira Heights Central School District contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. Further, I hereby authorize my former employer/s, reference/s, and any other individual or organization to provide information solicited by the Elmira Heights Central School District, and I hereby release and discharge each of the above, including the Elmira Heights Central School District, from any liability of any kind or nature and waive all rights to bring any action for defamation, invasion of privacy, or any similar course of action against anyone contacted as a result of what he or she may say about me.

The Commissioner of Education is required by law and regulation to request a fingerprint-supported criminal history record from the Division of Criminal Justice and the Federal Bureau of Investigation. Employment may be offered prior to receipt of fingerprint clearance. Continued employment is contingent upon clearance from the State Education Department.

SIGNATURE OF APPLICANT

DATE

The following documents **must** be received in order for your application to be processed:

1. Application
2. Release of Information (witnessed)
3. Affidavit (notarized)
4. Ospra 102
5. Letter of Interest
6. Resume
7. 3 Letters of Reference
8. Transcript(s) (if applicable)
9. Certification(s) (if applicable)

RETURN TO:

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT
Human Resources
2083 College Avenue
Elmira Heights, NY 14903

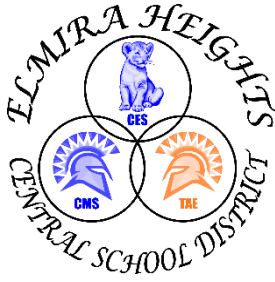
Office Use Only

Date Received _____	Date Appointed _____
Date Interviewed _____	Step-Salary _____
Interviewers _____	PD Release _____
Transcript Received _____	Fingerprints _____
Registry Notified _____	Entered in Access _____

The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

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CSE: (607) 734-5078
Transportation: (607) 739-1358
www.heightsschools.com

RELEASE OF INFORMATION

I, _____, Residing at _____
First Name MI Last Name Applicant's address

city, state, zip

declare, subject to the penalties of perjury, that the statement made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

I further authorize the release of any and all information about myself from any source deemed necessary, prior to being considered for appointment within the Elmira Heights Central School District. This release includes all or any one of the following: former employers, listed references, Central Registry for Child Abuse and Neglect, Chemung County Department of Social Services, Chemung County Sheriff's Department, local Police Departments, New York State Police and any police agency from areas of former residence.

I further state that to the best of my knowledge:

I **(have) or (have not)** ever been convicted of a crime **(misdemeanor / felony)** in this state or any
Circle One **Circle as applicable**

other jurisdiction.

Only relevant information obtained through this investigation shall be considered for employment purposes.

Date of Birth

Applicant Signature

Maiden **and** Previous Married Name(s)

Today's Date

Social Security #

Witness Signature

▶ ▶ **PLEASE HAVE YOUR SIGNATURE WITNESSED BEFORE RETURNING** ◀ ◀

Affidavit

Have you had your fingerprints taken? _____.

If "yes" for which school district?

STATE OF NEW YORK
COUNTY OF CHEMUNG

_____, being duly sworn, deposes and says
Prospective Employee's Name

I am an applicant for a position as _____ in the Elmira Heights Central School District. I make the following representations as an inducement to EHCS D to consider and commence my employment.

1. I have been advised, and understand, that New York State Law requires, as part of the application process for the position, that I receive clearance for employment from the New York State Education Department.
2. I have been advised, and understand, that New York Law requires that, as part of the clearance process for employment, and as a condition to my employment by EHCS D, I be fingerprinted for purposes of a criminal history check.
3. I have forwarded my consent form, fingerprint cards, and the requisite fee to the New York State Department of Education as part of the clearance process.
4. Check the boxes that apply to each of the questions below:
 - yes no Do you have a pending criminal charge in New York State?
 - yes no Do you have a criminal conviction in New York State?
 - yes no Do you have a pending criminal charge in a jurisdiction outside of New York State?
 - yes no Do you have a criminal conviction outside of New York State?
5. I understand that my completion and submission of this Affidavit is just one part of the employment application process. I further understand that, even if the results of my criminal history check confirm my representations in the Affidavit, EHCS D has no obligation to employ me.
6. I certify that my statements in this Affidavit, to the best of my knowledge and belief, are true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for the EHCS D to refuse to hire me, revoke an offer of conditional employment, and/or terminate me if I have been hired.

Signature of Prospective Employee

Date

Sworn to before me this ____ day of _____

Notary Public



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

Michael F. Gill, Superintendent Elmira Heights Central School District 2083 College Avenue Elmira Height, NY 14903	(leave blank)	First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:
		070902
		Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person:
		607-734-7114

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. .

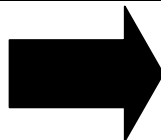
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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

FINGERPRINT PROCESS – MORPHO TRUST

Effective 06/30/2017

WHO MUST BE FINGERPRINTED? Per the requirements of Part 87 of the Regulations of the Commissioner of Education, the following situations are required for fingerprinting for employment in public school, charter school or BOCES:

- The term of employment is greater than five days,
- The employment involves direct contact with students under the age of 21, as determined by the employer.

A complete chart of required fingerprinting is available in the Human Resources Office.

FINGERPRINTING PROCESS:

NEW PROCEDURES FOR FINGERPRINTING as of June 30, 2017

You must use the Service Code or URL below to schedule your fingerprinting appointment.

Please do one of the following to schedule a fingerprinting appointment:

1. Click on www.IdentoGo.com and enter the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE/ORI NUMBER
Certification	14ZGQT
Employee	14ZGR7

2. Click on the appropriate URL from this table below:

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employee	https://uenroll.identogo.com/workflows/14ZGR7

3. You may call MorphoTrust at 877-472-6915 to schedule an appointment.

The fingerprint application

Total Fee \$101.75

If you have any questions, please contact Erin Furstoss, HR Secretary, Elmira Heights CSD, 607-734-7114.