Submit application, résumé, certification, and placement folder to:

Personnel Office

UNATEGO CENTRAL SCHOOL

2641 State Highway 7
Otego, New York 13825
607-988-5038

Application For Employment

SUBMISSION OF A RÉSUMÉ DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION. DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital or veteran status.

(PLEASE PRINT)

POSITION PREFERENCE

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____

TYPE OF EMPLOYMENT: ____ Full-time ____ Part-time ____ Substitute ____ Temporary ____ Summer

ARE YOU WILLING TO BE A SUBSTITUTE? _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal History Record Check for Prospective School Employees and Applications for Certification)?

Yes ☐ No ☐ Where _____ When _____

PERSONAL INFORMATION

NAME: _____ SOC. SEC. # _____

PERMANENT ADDRESS: _____ HOME PHONE: ( ) _____

_____ WORK PHONE: ( ) _____

_____

TEMPORARY ADDRESS: _____ PHONE: ( ) _____

_____ DATES TEMPORARY ADDRESS APPLICABLE: _____

_____

CERTIFICATION/PROFESSIONAL LICENSE

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copy)*

				Area
Professional	☐	Initial	☐	_____
Professional	☐	Initial	☐	_____
Permanent	☐	Provisional	☐	_____
Permanent	☐	Provisional	☐	_____

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

Other licenses held: type and issuing authority _____ Exp. Date: _____

(provide copies)

EDUCATION

Name and Location of School	Major/Minor	Did you Graduate?
High School		

Name and Location of School	Dates Attended	Sem Hrs.	Major/Minor	Degree
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade				

It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the personnel office.

STUDENT TEACHING

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
1.			
2.			

TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State? Yes ☐ No ☐ If *yes*, complete:

Tenure Area _____ Date Tenure Granted _____

Name and address of school district where tenure was granted: _____

_____

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position? ☐ Yes ☐ No If yes, please explain: _____

Have you ever been convicted of a criminal violation, excluding minor traffic offenses? ☐ Yes ☐ No If yes, please explain: _____

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No Branch _____

Were you dishonorably discharged from the U.S. Armed Forces? ☐ Yes ☐ No If yes, please explain:

Are you legally eligible for employment in this country? ☐ Yes ☐ No
(Upon employment you will be asked to produce two original forms of identification.)

EMPLOYMENT HISTORY

Begin with most recent. *Indicate name worked under if different.*

EMPLOYER TELEPHONE

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR, TITLE & TELEPHONE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? YES NO LATER

DATES EMPLOYED FROM TO

SALARY

FULL-TIME PART-TIME %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

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DATES EMPLOYED FROM TO

SALARY

FULL-TIME PART-TIME %

SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES

REFERENCES

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last administrator whom we may contact for a personal or professional reference.

	Name	Position	Address & Telephone No.
1.			
2.			
3.			

PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (e.g., Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____ Date ___/___/___

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Otsego County Personnel Department
197 Main St.
Cooperstown, NY 13326

Instructions and Information

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination. When completing your application be sure to enter, at the top of page 1, the examination number, which identifies the examination, for which you are filing.

B. ADMISSION TO EXAMINATION

Call or write this agency immediately if you do not receive a notice within seven (7) days of the date of the examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency in writing immediately of any change of address. Please give the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you need special arrangements or accommodations because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a Disabled Person (require special arrangements or accommodations in order to participate in the examination(s)), you must write to the agency no later than the last day of the filing for this examination. Your request must include the examination number and title and the type of special arrangements or accommodations required.

E. VETERANS CREDITS

If you are making a claim for veteran's credits with this application, fill out the Application for Veterans Credits on our webpage or in the Personnel Office. Be sure you read the following information very carefully:

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must answer all questions H-K. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions H-J and a "NO" answer to question K, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated ten (10) percent or more, incurred during a "Time of War" as indicated in question J.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, DISABILITY, MARITAL STATUS, MILITARY STATUS, OR CRIMINAL RECORD. 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, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS SECTION TO QUESTIONS A-F (PERSONAL INFORMATION PAGE):

Application for Employment or Examination

Otsego County Personnel Department
197 Main Street, Cooperstown, NY 13326
(607) 547-4239 www.otsegocountyemployment.com

Position Title: _____

Examination # _____

When filling out your application form, check to make sure all appropriate questions have been answered. **Incomplete, faxed, scanned, emailed, or photocopies of the Employment/Examination Application WILL NOT BE ACCEPTED.**

PERSONAL INFORMATION PAGE

This application is part of your examination. Answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Incomplete applications will not be accepted. Resumes may not be substituted for a completed application, but will be accepted in addition to the application.

(Last Name) **(First)** **(MI)**

(Street Address or PO Box)

(City) **(State)** **(Zip Code)**

Telephone # (Include Area Code) and E-mail Address

Home _____ Cell _____

E-mail _____

Social Security Number:

If there is an age requirement for this vacancy/examination, enter your date of birth:

_____ Mo. _____ Day _____ Yr.

Have you ever been employed by Otsego County ___Y ___N

If yes, enter dates here From_____ to_____

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

___ Yes ___ No

(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	Name of District	Months/Years
School District of:		
City or Village of:		
Town of:		
County of:		
State of:		

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.

X _____

Signature of Applicant

_____

Date

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your application. YES: _____ NO _____ If Yes, explain_____

Check 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 United States 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 charge? ___ Yes ___ No

F. Are you now under charges for any crime? ___ Yes ___ No

If you answered "Yes" to any of the questions A-F above, you may give specifics under "remarks" on the front page of this application. If you elect not to provide specifics, however, or if such information 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.

G. Are you a volunteer firefighter? **___ Yes ___ No**

H. Have you ever served in the Armed Forces of the United States? If yes, answer I-K (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty basis other than active duty for training purposes.) ___ Yes ___ No

I. If "yes" did you receive a discharge, which was honorable, or were you released under honorable circumstances? ___ Yes ___ No

J. Did you serve in the Armed Forces of the United States during any of the following periods?

- ☐ 12/07/1941 to 12/31/1946
- ☐ 06/27/1950 to 01/31/1955
- ☐ 01/01/1963 to 05/07/1975
- ☐ 08/02/1990 to not specified
- ☐ 06/01/1983 to 12/01/1987
- ☐ 10/23/1983 to 11/21/1983
- ☐ 12/20/1989 to 01/31/1990

NOTE: Credits for Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary medals: Armed Forces, Navy, or Marine Corps. Without appropriate medal, service is treated as under 05/08/1975 to 08/01/1990. US Public Health Service: 07/29/1945 to 09/02/1945 or 06/26/1950 to 07/03/1952 Or; a member of the National Guard activated during the US Postal Strike 03/23/1970 to 03/30/1970.

K. Since January 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

If you are claiming Veterans credits for this examination indicated on this application. Be sure that you read Instruction E on the front page of the application.

Date Received: _____ **By:** _____

Fee Received: _____ **By:** _____

_____ **Approved** _____ **Conditioned** _____ **Disapproved**

EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or Courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? ☐ YES ☐ NO

IF YES, NAME AND LOCATION OF HIGH SCHOOL: _____

If you have a high school equivalency diploma, indicate: **ISSUING GOVERNMENTAL AUTHORITY:**	**NUMBER**

	Name of School and Address	Full or Part-Time	Did you graduate?	Type of Course Or Major Subject	**Number of** College Credits Rec'd	Type of Degree Rec'd
College, University Professional Or Technical School						
Other School Or Special Courses						

LICENSES: If a license 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 question: If not currently licensed check this box. ☐

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (mo/Yr.) To: (mo./Yr)	

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ YES ☐ NO
If yes, please attach a copy.

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position for which you applied. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. **If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.** (If more space is needed, add as attachment additional sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you **and estimated percentage of time spent on them.** State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) $ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) $ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

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Earnings (Circle One) $ /WK/MO/YR	Describe Duties:		
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Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) $ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

May we contact your present employer? ___ Yes ___ No

Professional References:

1. _____ _____
Name Phone #

_____ _____
Address Email

2. _____ _____
Name Phone #

_____ _____
Address Email

3. _____ _____
Name Phone #

_____ _____
Address Email

ALL STATEMENTS ARE SUBJECT TO VERIFICATION