



HADLEY-LUZERNE CENTRAL SCHOOL

APPLICATION FOR SUPPORT PERSONNEL



NAME _____

ADDRESS _____

CITY _____, NEW YORK ZIP _____

TELEPHONE NUMBER _____ BIRTHDATE _____

EMAIL ADDRESS: _____

US CITIZEN ____ YES ____ NO S.S. # _____

MOTORIST ID# _____ STATE _____

Application for the following positions: (check interested areas)

SECRETARY _____	MECHANIC _____
TEACHER'S AIDE _____	CAFETERIA _____
CUSTODIAN _____	BUS MONITOR _____
SCHOOL NURSE _____	INTERPRETER _____
OTHER _____	TEACHING ASSISTANT _____

Are you interested in being placed on a **substitute** list? YES ____ NO ____

Have you ever been convicted of a crime? If yes, explain?

PAST WORK EXPERIENCE – please list and if you wish attach a detailed resume.

Dates: From/To	Name/Location	Position Description	Supervisor

EDUCATION

Name/Location of School	Dates: Mo/Yr From/To	Area of Studies Major/Minor	Diploma/Degree	Date Granted
High School:				
College:				

CHARACTER REFERENCES

Please list at least three character references, (not related to you)

Name	Address	Telephone #

Numerous applications are received monthly for support personnel positions. All appointments are made by the Board of Education upon the recommendation of the Administration. Your application is placed on file and when a position becomes available all applications are reviewed. The most qualified person is given the job. The date of your application has no significance in relation to your selection. Your application will be kept on file for one year.

SAVE LEGISLATION

New York State has passed legislation that requires all new hires in a school district to be fingerprinted and undergo a background check before the start date of employment.

The Hadley-Luzerne Central School is an equal opportunity employer.
Non-Discrimination Notice:

“The Hadley-Luzerne Central School does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans’ status, political affiliation, domestic victim status, use of guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officer(s) will coordinate compliance with the nondiscrimination requirements or as otherwise decreed by Law, and is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973 the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law, accordingly, nothing in any application to this position should be viewed as expressing directly or indirectly any limitations, specifications, or discrimination in connection with those listed areas. The Compliance Officer for Title IX and Section 504 can be contacted at the Business Office, HLCS, PO Box 200, 27 Hyland Drive, Lake Luzerne, NY 12846 phone (518) 696-2378. Complaints may also be filed with the Office for Civil Rights, New York Office, US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800.”

I hereby acknowledge that all the above information is factual and hereby give the Hadley-Luzerne Central School District the right to contact former employers and those listed as character references for recommendations. I fully understand the procedure used in selecting employees for support personnel positions.

Applicants Signature

Date

RETURN COMPLETED FORM TO:

**Beecher Baker Sr., Superintendent of Schools
Hadley-Luzerne Central School District
PO Box 200
27 Hyland Drive
Lake Luzerne, NY 12846**

Consent Form For Fingerprinting And Criminal History Search of Prospective Employees

SECTION 1

Social Security Number: Name:

Mailing Address: City: State: Zip:

Phone Number Date Of Birth State or County of Birth

Height: inches Weight: Sex: Race: Hair: Eyes:

Applicant's E-Mail:

Each applicant will receive by e-mail a "no -charge authorization code" provided by the Teacher Registry office needed to complete the payment process at their appointment

I am applying for Clearance for Employment. School District/ BOCES/Charter School Contract Service Provider

Position Title

Fingerprinting Contact Person

School District

Signature of Employee Representative or Fingerprinting Contact Person: _____

SECTION 2

1. I have been informed of the procedures and my right to obtain, review, and challenge the accuracy and completeness, where appropriate, of my criminal history information pursuant to regulations and procedures established by DCJS and the FBI.
2. I understand that I have the right to withdraw my application for employment, without prejudice any time before employment is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
3. I have been advised that the criminal history record forwarded to the Commissioner by DCJS and the FBI shall be confidential pursuant to the application federal and state laws, rules and regulations and shall not be published or in anyway disclosed to persons other than the Commissioner unless otherwise authorized by law. I understand however, that certain information regarding subsequent arrest notifications received by the Commissioner shall be forwarded to my employing school district, charter school or board of cooperative educational services.
4. I understand that the fee for DCJS and the FBI to conduct a fingerprint supported criminal history background check is established at \$101.75. In order for the Commissioner to process my application my prospective employer or I must pay the required fee.
5. I have been informed of my right to request that my fingerprints be destroyed when I am no longer employed at a school district, charter school or board of cooperative educational services. I also understand that in the event my employment is terminated and I have not become employed in the same or another school district, charter school or board of cooperative educational services within twelve months of such termination, the Commissioner shall notify DCJS and the FBI of such termination and the record of my fingerprints for the purpose of employment shall be destroyed.
6. I have read this consent form and hereby authorize and consent for the Commissioner of Education to use my fingerprints to secure my criminal history record from DCJS and the FBI. I declare and affirm that the fingerprints submitted are my own, and that the information I entered on this consent form are true and accurate. I do authorize NYSED to obtain and review criminal records, including arrests, and dispositions as part of their background investigation of my suitability for employment.

The fingerprint consent form will remain valid for 30 days from the signature date

By checking this Box and typing your name in the box you acknowledge that the above information is true.

Employee's Signature: _____

Date: _____

After submitting form by e-mail print a copy for your records and have the prospective employee sign below .

Employee's Signature

Submit by Email

Print Form

Reset Form

