

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 finger print 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 (if previously fingerprinted)
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 _____

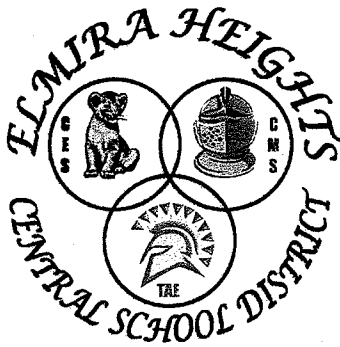
Registry Notified _____

Entered in Access _____

The Elmira Heights Central School District does not discriminate on the basis of Age, Race, Creed, Color, National Origin, Sex, Sexual Orientation, Military Status, Pre-Disposing Genetic Characteristics, Disability or Marital Status in Employment or any of the educational programs and activities which it offers or operates, as it is required to do by Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the New York State Human Rights Laws.

Enter with high expectations – leave with confidence and pride.

Equal Opportunity Employer



District Office
 Thomas A. Edison School
 2083 College Avenue
 Elmira Heights, NY 14903
 Mary Beth Fiore, Superintendent

Phone: (607) 734-7114
 Fax: (607) 734-7134
 CSE: (607) 733-8039
 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 ◀ ◀



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

MARY BETH FIORE, SUPERINTENDENT ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT 100 ROBINWOOD AVENUE ELMIRA HEIGHTS, NY 14903	(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES:
		0 7 0 9 0 2
		Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person:
		6 0 7 - 7 3 4 - 7 1 1 4

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

FINGERPRINTING

As of July 1, 2001 New York State requires that all school personnel be fingerprinted before they are allowed to begin work.

Please note:

1. You can not start working until your fingerprints have been taken.
2. The fee is currently \$94.25.

Permanent Hires

Fingerprinting will be addressed at the time of hire.

Substitutes

(teachers, aides, food service, cleaners, nurses, bus drives et al)

You may either complete the Clearance for Employment Form and submit with your application papers, if you have already had your prints done for employment in another school district; **OR**

If you have **not** been fingerprinted for a school district, you must do the following:

- Go to www.highered.nysed.gov/tcert
- Click on "Teach Online"
- Click on "Self Registration"
- Follow instructions to register
- You will need a credit card to complete this process
- **When you get to the payment confirmation page, please print out two (2) copies of the confirmation. THIS IS VERY IMPORTANT!**
- After printing the payment confirmation page, please return the form to the District Office and we will then set up an appointment for your fingerprinting to be done.

Questions can be directed to:

Elmira Heights School District Office
607-734-7114