

**SARANAC CENTRAL SCHOOL DISTRICT
SARANAC, NY 12981**

**NON-INSTRUCTIONAL
EMPLOYMENT APPLICATION**

Application Directions:

1. Complete the attached Clinton County Application for Examination or Employment.
2. If applying for a Teacher Aide/ Student Aide position (permanent or substitute), attached a copy of High School Diploma (or Transcript). If applying for Registered Professional Nurse, attach a copy of Certificate/License.
3. Return completed application and required documents to the Office of the Superintendent, District Office, P.O. Box 8, Saranac, NY 12981.
4. All candidates interested in substitute work ***must*** make an appointment with one of the following Principals or Supervisors. Your name ***will not*** be added to our substitute list without prior approval of a principal or Supervisor listed below and the Board of Education:

Senior High- 518-565-5800

Tracy Manor, Principal

Bus Garage- 518-565-5631

Benjamin Perry, Transportation Supervisor

Middle School- 518-565-5700

Katie Francisco, Principal

Maintenance Center- 518-565-5621

Jamie Giroux, Director of Facilities II

Morrisonville Elementary- 518-565-5980

Kathy Moore, Principal

School Lunch Program- 518-565-5705

Isaac Dirolf, School Food Service Director I

Saranac Elementary- 518-565-5900

Connie Garman, Principal

Last Name: _____ First Name: _____ MI: _____
Position(s) Applying For: _____
Interested In: <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Substitute
Have you been fingerprinted and received clearance for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state reason: _____
I hereby affirm that the information provided within the attached application and documents attached thereto is true and correct to the best of my knowledge. I understand that willful representation of a fact may result in dismissal of an applicant hired or retained by the School District.
Signature: _____ Date: _____

In compliance with Title IX of the Education Amendments of 1972 and Regulation 504 of the Rehabilitation Act of 1973, it is the policy of the Saranac Central School District Board of Education, its officers and employees, to not discriminate on the basis of color, national origin, creed, religion, marital status, sex, gender, age, sexual orientation, disability, military status of predisposing genetic condition.

CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME: _____ FIRST NAME: _____ MI: _____	POSITION TITLE: _____	EXAM #: _____
SOCIAL SECURITY #: _____	IF APPLYING FOR AN EXAM: SUBMIT APPLICATION TO DEPT. OF PERSONNEL 137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676 WEBSITE: www.clintoncountygov.com IF APPLYING FOR A VACANCY: SUBMIT APPLICATION DIRECTLY TO AGENCY WITH VACANCY COMPLETING THIS APPLICATION CORRECTLY IS CONSIDERED PART OF YOUR EXAM AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL – PRINT IN INK OR TYPE ALL STATEMENTS ARE SUBJECT TO VERIFICATION - KEEP A COPY FOR YOUR RECORDS	
STREET/CITY/ZIP: _____		
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE: _____		
HOME PHONE: () _____ BUSINESS: () _____ CELL: () _____		
E-MAIL ADDRESS: " _____		
Has your permanent, legal residence been in Clinton County 30 continuous days ? <input type="checkbox"/> <input type="checkbox"/> (up to exam/appointment date) YES NO If NO, indicate the county of your permanent, legal residence: _____	Are you under 18 ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth (MM/DD/YYYY): _____ If under 18, do you possess the appropriate Student General Employment Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> (attach a copy if required for the position)	
SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM: If you need special arrangements in order to participate in this exam, you must notify this agency by EITHER indicating the special arrangements you require below or in writing to this agency no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request. _____ " _____ " _____ " _____	Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have the legal right to accept employment in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.	
CONFLICTING EXAMS: I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day: YES <input type="checkbox"/> NO <input type="checkbox"/> (See Back Page) Indicate conflict here: _____ _____	ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____ (MM/DD/YYYY)	
FOR CIVIL SERVICE USE ONLY: FEE: Paid <input type="checkbox"/> Waived <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	VETERAN INFORMATION (See Back Page) Are you a veteran ? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish to claim war time veterans' credits for this exam? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, you MUST complete an Application for Veterans' Credits.	
THIS AFFIRMATION MUST BE SIGNED: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. An original signature and current date are required on all applications.	ADDITIONAL QUESTIONS Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever resign from any employment rather than face dismissal? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of any crime (felony or misdemeanor)? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you now under charges for any crime? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE OF APPLICANT: _____ DATE: _____	LIST ANY OTHER LAST NAME(S) BY WHICH YOU HAVE BEEN KNOWN: _____	
THE FILING FEE WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED		

EDUCATION: Read the exam announcement for specific educational requirements. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you completed.

Do you have a high school or equivalency diploma: YES NO

If YES, indicate the **name and address** of high school or issuing governmental authority:

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	TYPE OF DEGREE AWARDED	DID YOU GRADUATE? YES/NO	DEGREE EXPECTED MO/YR
Name:			
Address:			
Name:			
Address:			

LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the exam announcement. If you are not currently licensed check here:

TRADE OR PROFESSION:	LICENSE NUMBER:	DATE LICENSE FIRST ISSUED:	REGISTRATION PERIOD: FROM (MO/YR) TO (MO/YR)
SPECIALTY:	LICENSING AGENCY NAME AND ADDRESS:		

DESCRIBE YOUR WORK EXPERIENCE: Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the exam. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. **DO NOT SUBMIT A RESUME.**

1. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

2. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

SUBMIT DOCUMENTATION TO PROVE MINIMUM QUALIFICATIONS LISTED ON THE EXAM ANNOUNCEMENT OR ON THE POSITION DESCRIPTION.

3. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

4. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

5. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

REFERENCES (List below two professional and one personal reference):

NAME	TITLE OR ASSOCIATION	ADDRESS	PHONE

ATTACH ADDITIONAL 8.5" x 11" SHEETS IF NECESSARY
INCLUDE EVERY DETAIL REQUIRED IN THE EXPERIENCE SECTION

INSTRUCTIONS AND INFORMATION

EQUAL OPPORTUNITY: The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital 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, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, criminal record or any other characteristic protected by the New York State Human Rights Law or other applicable federal and state laws and regulations in connection with employment by Clinton County. Clinton County is an equal opportunity employer.

ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read the exam announcement carefully. Enter the exam title and number on the front page of this application.

ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the exam, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an exam, applicants may be admitted to the exam on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the exam is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will **NOT** be notified of their score.

Call this agency immediately if you do not receive a notice within three days of the date of the exam informing you whether or not you are to be admitted to the exam.

CONFLICTING EXAMS

If you have applied for any other civil service exam to be given on the same test date for employment with NYS or other local government jurisdictions, excluding NYC, arrangements must be made to take all the exams at one test site. Be sure to check "YES" in the Conflicting Exams Section on the first page of your application. Indicate the titles of the exams you are scheduled to take and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and a State exam, you must take the exams at the State site. Call our office at 565-4676 no later than 2 weeks prior to the exam date to confirm that arrangements have been made for you to take all the exams at one test site.

POLICE OFFICER OR FIREFIGHTER SURVIVOR CREDITS

Per Section 85-a of Civil Service Law, children of firefighters or police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive exam for which they qualify for original appointment in the same municipality in which his/her parent served. The parent is deemed to have "served" in a municipality if he/she was employed by or worked primarily in that municipality. If you qualify, inform this office when you submit your application for exam. A candidate claiming such credit has a minimum of 2 months from the application deadline to provide the necessary documentation to verify additional credit eligibility. No credit may be added after establishment of the eligible list.

VETERANS CREDITS

If you are currently in the Armed Forces on full-time active duty other than for training or if you are a war time veteran, you may be eligible for extra credits added to the passing score of an exam. For detailed information refer to the manual Clinton County Veterans' Rights for Exams available in our office or on our website:
<http://www.clintoncountygov.com/Departments/Personnel/PersonnelHomePage.htm>

BACKGROUND INVESTIGATION

Applicants may be required to undergo a State and national criminal history background investigation and any applicable background checks, which may include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Fingerprints to be used in performing the background checks would be collected from applicants pursuant to regulations promulgated by the DCJS, which will perform the State background check. DCJS will also submit the fingerprints to the FBI for the completion of the national background check. Individuals found to have criminal histories that bar their appointment to the position sought would then be disqualified by the municipal civil service agency pursuant to Section 50(4) of the Civil Service Law.

CHANGE OF ADDRESS

Notify this agency immediately of any change of address.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MSD 330

REV. 12/2014

REMARKS: