

OGDENSBURG CITY SCHOOL DISTRICT
1100 State Street
OGDENSBURG, NEW YORK 13669

Application for Employment in the Following Area:
TEACHING ASSISTANT

I. PERSONAL DATA

Name _____ Date _____
Last First Middle

Present Address

Number and Street City State & Zip

Telephone _____ Business Telephone _____
Home Cell

Social Security Number _____ NYS Retirement Number _____

Position Applying for: _____ Full Time _____ Part Time _____ On Call _____

Last Position Held: _____ Company & Location: _____

Date Available for Employment: _____

II. EDUCATION

SCHOOL	LOCATION	DATES ATTENDED	TYPE OF DEGREE OR DIPLOMA	DATE GRADUATED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
ADDITIONAL TRAINING/EDUCATION i.e. Conferences/Workshops				

The Board of Education, its officers, and employees shall not discriminate against any employee or applicant for employment on the basis of race, color, national origin, creed or religion, marital status, sex, age, or otherwise qualified persons with a mental or physical disability. This policy of nondiscrimination includes recruitment and appointment of employees and employment pay and benefits. The Title IX Coordinator Mr. Kevin Kendall, Assistant Superintendent for Curriculum, Instruction, Assessment and Technology, 1100 State Street, Ogdensburg, New York 13669, (315) 393-0900, ext. 1902. The 504 and ADA Coordinator is: Mrs. Debora Hannan, Director of Special Education, 1100 State Street, Ogdensburg, New York 13669, (315) 393-0900, ext. 1902.

III. PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	LOCATION	DATES EMPLOYED	TYPE OF WORK
		T _o	
		T _o	
		T _o	
		T _o	

IV. PLEASE ANSWER YES OR NO:

Have you ever been employed by the Ogdensburg City School District: Yes ___ No ___

If yes, when: _____

Have you ever completed the NYS Education Department fingerprinting process? Yes ___ No ___

If yes, date: _____ School District: _____

If no, please note the New York State Education Department requires \$99.00 processing fee from the applicant for fingerprinting. Please contact the District Office to set up an appointment if fingerprinting is required.

Do you "illegally" use drugs? Yes ___ No ___

U.S. Citizen: Yes ___ No ___ U.S. Military Service: Yes ___ No ___ Branch _____ No. of Years _____

Are you a Volunteer Fire Department member? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

If Yes, please explain: _____

V. REFERENCES

List four references under whom you have worked who have first-hand knowledge of your character, personality and abilities.

Name	Position	Complete Address and Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 _____
Applicant's Signature **Date**

The information that I have provided on this application form is true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from the job if I have been employed.

For Office Use only

Date of Hire: _____ Position Title: _____ Rate of Pay: \$ _____