

# SARANAC CENTRAL SCHOOL DISTRICT SARANAC, NY 12981

## NON-TEACHING APPLICATION

It is the policy of the Saranac Central School District Board of Education not to discriminate on the basis of sex, race, color, national origin, age, or handicap in the educational programs or activities which it operates. Furthermore, the Saranac Central School District Board of Education is required to Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 respectively not to discriminate in such a manner. Inquiries concerning this policy may be referred to the following school officials:

NAME: Kenneth O. Cringle

ADDRESS: District Office

Saranac Central School District

TELEPHONE: (518)565-5600

P.O. Box 8

Saranac, New York 12981

This official will provide information, including complaint procedures, to any student or employee who feels that her or his rights under Title IX and/or Section 504 may have been violated by the District or its officials.

**NOTICE: Applications will be kept on file for one year from the date of application. If you desire to keep your application on file beyond that date, please notify the School District in writing or submit a new application.**

To The Applicant:

All candidates who would like to do substitute work **must** make an appointment with the Building Principal, Transportation Supervisor, Superintendent of Buildings & Grounds or School Lunch Manager. Your name **will not** be added to our substitute list without the approval of one of our Supervisors. Below is listed the name, building and telephone number of each of the Building Principals and Department Heads:

<u>Building:</u>	<u>Telephone #:</u>
Senior High School Principal	565-5800 Jonathan Parks
Middle School Principal	565-5700 James Gratto
Morrisonville Elementary School Principal	565-5980 Kathleen Moore
Saranac Elementary School Principal	565-5900 Marguerite Tamer
Saranac Bus Garage Transportation Supervisor	565-5630 Ronald Packwood
Saranac Bus Garage Superintendent of Buildings & Grounds	565-5620 James Giroux
Saranac Middle School/Cafeteria School Lunch Manager	565-5705 Kathy Dupraw

**SARANAC CENTRAL SCHOOL DISTRICT  
NON-TEACHING APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
Street

STATE & ZIP CODE: \_\_\_\_\_ TEL#: \_\_\_\_\_

VETERAN \_\_\_\_\_ NON-VETERAN \_\_\_\_\_ DISABLED VETERAN \_\_\_\_\_ VOL. FIREMAN \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK? \_\_\_\_\_ YES \_\_\_\_\_ NO

**EDUCATION:**

<u>School Attended:</u>	<u>Grade or Course Completed:</u>	<u>Type of Diploma:</u>	<u>Dates Attended:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RELATED JOB EXPERIENCES:**

<u>Type of Work:</u>	<u>Name of Firm:</u>	<u>Dates of Employment:</u>	<u>Tel # of Firm:</u>	<u>Person In Charge:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT: YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM  
 PRIOR EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

3. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?  
 YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

4. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

a. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE? YES \_\_\_\_\_ NO \_\_\_\_\_.

b. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? YES \_\_\_\_\_ NO \_\_\_\_\_.

**REFERENCES:**

<u>NAME:</u>	<u>POSITION:</u>	<u>ADDRESS:</u>	<u>HOME #:</u>	<u>WORK #:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

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**CANDIDATE'S AFFIDAVIT**

**I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.**

**SIGNATURE:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

**CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT**

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____	<b>MI:</b> _____	<b>POSITION TITLE:</b> _____
<b>SOCIAL SECURITY #:</b> _____			<b>EXAM #:</b> _____
<b>STREET/CITY/ZIP:</b> _____			
<b>LEGAL RESIDENCE IF DIFFERENT THAN ABOVE:</b> _____			
<b>HOME PHONE:</b> ( ) ( ) ( ) _____	<b>BUSINESS:</b> ( ) ( ) ( ) _____	<b>CELL:</b> ( ) ( ) ( ) _____	
<b>E-MAIL ADDRESS:</b> _____			
<p><b>Have you lived in Clinton County 30 continuous days up to and including the exam/appointment date?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Indicate below the information for your <b>current address:</b></p>			
<b>COUNTY:</b> _____			
<b>SCHOOL DISTRICT:</b> _____			
<b>TOWN OR VILLAGE:</b> _____			
<b>CITY:</b> _____			
<p><b>STUDENT LOANS:</b> Section 50-b of the NYS Civil Service Law requires that <b>ALL APPLICANTS</b> for exam be asked the following: Have you any loans guaranteed by the NYS Higher Education Services Corp which are currently outstanding? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, are you presently in default on such loan? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
<p><b>ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER?</b>                  YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____</p>			
<p><b>SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM:</b>  <input type="checkbox"/> I require special arrangements to take this exam. (See Back Page)</p>			
<p><b>CONFLICTING EXAMS:</b> 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 titles in Remarks Section)</p>			
<p><b>THE FILING FEE WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED.</b></p>			
<p><b>FOR CIVIL SERVICE USE ONLY:</b>                  FEE: PAID <input type="checkbox"/> WAIVED <input type="checkbox"/></p>			<p><b>DATE:</b> _____</p>
<p><b>RECEIPT #:</b> _____ <b>DATE RECEIVED:</b> _____</p>			
<p><b>RECEIVED BY:</b> _____</p>			
<p>APPROVED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p>			
<p><b>IF APPLYING FOR AN EXAM:</b> SUBMIT APPLICATION TO DEPT. OF PERSONNEL                  137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676                  EXAM LINE: (518) 565-4455 WEBSITE: www.clintoncountygov.com</p>			
<p><b>IF APPLYING FOR A VACANCY:</b> SUBMIT APPLICATION DIRECTLY TO AGENCY WITH VACANCY</p>			
<p align="center"><b>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</b></p>			
<p>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)</p>			
<p>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.</p>			
<b>VETERAN INFORMATION</b>			
<p>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.</p>			
<b>ADDITIONAL QUESTIONS</b>			
<p>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"/></p>			
<p>If you answered YES to any of these questions, provide details in REMARKS on the back page. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. 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.</p>			
<p><b>THIS AFFIRMATION MUST BE SIGNED:</b> I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury.</p>			
<p><b>SIGNATURE OF APPLICANT:</b> _____</p>			
<p><b>LIST ANY OTHER LAST NAME(S) BY WHICH YOU HAVE BEEN KNOWN:</b> _____</p>			

**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 <input type="checkbox"/> NO <input type="checkbox"/>					
If YES, indicate the <b>name and address of high school or issuing governmental authority:</b>					
COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	SEMESTER CREDITS RECEIVED	QUARTER HOURS RECEIVED	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	CIRCLE ONE: PAID VOLUNTEER	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
% OF TIME ON EACH DUTY				

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

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

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

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

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

**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

**DISCRIMINATION POLICY STATEMENT:** The County of Clinton is committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, the County will not tolerate harassment of its employees by anyone, including any manager, supervisor, co-worker, vendor, service recipient or visitor of the County. Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, physical or mental handicap/disability, medical condition, marital status, veteran status, citizenship status, or other characteristic protected by Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, or other applicable federal and state laws and regulations. The County will not tolerate harassing conduct that affects tangible job benefits, interferes unreasonably with a person's work performance or creates an intimidating, hostile or offensive work environment. All County employees are responsible to help assure that harassment is avoided. If a County employee experiences, witnesses or has information regarding possible harassment, they should notify their supervisor or the Personnel Director immediately. The County prohibits retaliation against anyone, who, in good faith, reports possible harassment, makes a harassment complaint, cooperates in a harassment complaint investigation or any related proceeding. The County will investigate all harassment complaints promptly and thoroughly. If an investigation confirms that harassment has occurred, the County Administrator will take corrective action, including, but not limited to, appropriate disciplinary action. Disciplinary action may include disciplinary proceedings and/or termination of employment consistent with applicable law and/or contractual obligations. The entire policy may be obtained upon request. Further, Clinton County shall provide special arrangements to employees with disabilities who, due to their disabilities, face obstacles in performing the essential job functions.

### 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.

### SPECIAL ARRANGEMENTS

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 in the **REMARKS** Section below **OR** 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.

### CONFLICTING EXAMS

If you have applied for any other Civil Service Exams for Employment with New York State or any other local government jurisdiction, you must make arrangements to take all the exams at one test site. If you have applied for both State and Local exams, call toll free 1-877-697-5627 (press 2, then press 1) no later than two weeks before the date of the exams to arrange to take them at the State site. Be sure to notify this agency that you have made arrangements to take the exams at the State site so that you are not marked absent from our exam. If you applied for two Local exams, call or write each Civil Service Agency to make arrangements. Indicate in the **REMARKS** Section below the titles of the exams you are taking.

### CHANGE OF ADDRESS

Notify this agency immediately of any change of address.

### VETERANS CREDITS

Completing the veteran information on the front page of this application means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the extra 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 or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now, submit a copy of your DD214 indicating the character of your discharge and complete a separate Request for Veterans' Credit Form. You can waive the extra credits later if you wish.

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. 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 materials 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.

### BACKGROUND INVESTIGATION

Applicants may be required to undergo a State and national criminal history background investigation, which will 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.

### REMARKS: