HOOSIC VALLEY CENTRAL SCHOOL DISTRICT

CENTRAL OFFICES
2 Pleasant Avenue
Schaghticoke, New York 12154

Superintendent
Mr. G. Michael Apostol

(518)753-4458
Fax (518)753-7665

Dear Applicant:

Enclosed please find the substitute employment application package you requested. This package consists of the following forms:

1. An employment application.

2. Three reference forms. Have the individuals mail the completed form to the Central Offices.

3. Statement of Child Abuse together with a Memorandum. After reading the memorandum (which you keep) sign the Statement and return.

4. Employment Eligibility Verification (Form I-9). This form verifies you are a U.S. Citizen. Fill out and sign Part I of the form. Our office fills our Part 2, but in order to do that we must have proof of your citizenship. The most common way to prove citizenship is a driver's license and your birth certificate or social security card. We must see the originals.

5. Legislation requires all school employees to receive fingerprint clearance. The cost ($99.70) and scheduling for fingerprinting is the responsibility of all employees. Instructions for the process through www.IdentoGo.com will be provided once Board approved for substituting.

No action will be taken upon your application until the above items have been completed. Once your file is complete you may be called for an interview. An interview does not indicate that your name will be submitted to the Board of Education for approval nor does approval by the Board of Education indicate you will be called for work.

Address of Central Office: Hoosic Valley Central School
2 Pleasant Avenue
Schaghticoke, NY 12154

HOOSIC VALLEY CENTRAL SCHOOL

APPLICATION FOR EMPLOYMENT

HOOSIC VALLEY CENTRAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. (ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE)

POSITION APPLYING FOR: _____

NAME: _____ DATE OF APPLICATION: _____

ADDRESS: _____ YEARS AT THIS ADDRESS: _____

_____

_____

TELEPHONE #: _____ SOCIAL SECURITY #: _____

	STREET ADDRESS	CITY/STATE/ZIP	HOW LONG
LIST PRIOR ADDRESSES OVER PAST FIVE YEARS STARTING WITH THE MOST RECENT	1.		
	2.		
	3.		
	4.		

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY HVCSD? YES NO IF YES, WHEN AND WHERE _____

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? YES NO IF NO, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	MAJOR SUBJECTS STUDIED	FULL-TIME OR PART-TIME	# OF CREDIT HOURS COMPLETED		GRADUATE YES OR NO	DEGREE RECEIVED (TYPE)
HIGH SCHOOL					QTR. HRS.	SEM. HRS.		
COLLEGE								
COLLEGE								
OTHER								

CERTIFICATION HELD

CERTIFICATE OF QUALIFICATION _____ PROVISIONAL _____ PERMANENT _____

CERTIFICATION AREA: _____ EFFECTIVE DATE: _____

EDUCATIONAL WORK EXPERIENCE

SCHOOL NAME: _____ SCHOOL TYPE: _____

ADDRESS: _____ POSITION HELD: _____

_____ START DATE: _____

PHONE: _____ END DATE: _____

IMMEDIATE SUPERVISOR: _____ SALARY: _____

SCHOOL NAME: _____ SCHOOL TYPE: _____

ADDRESS: _____ POSITION HELD: _____

_____ START DATE: _____

PHONE: _____ END DATE: _____

IMMEDIATE SUPERVISOR: _____ SALARY: _____

OTHER WORK OR MILITARY EXPERIENCE

COMPANY OR BRANCH OF SERVICE	POSITION OR RANK	START DATE	END DATE	TYPE OF DISCHARGE

MAY WE CONTACT YOUR PRESENT EMPOYER? YES NO

HAVE YOU BEEN FINGERPRINTED BY A SCHOOL DISTRICT IN NYS? YES NO

REFERENCES

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

ADDRESS: _____ ADDRESS: _____

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

ADDRESS: _____ ADDRESS: _____

WERE YOU EVER APPOINTED TO TENURE IN A PUBLIC SCHOOL DISTRICT IN NYS? YES NO

IF YES, WHEN AND WHERE _____

IF APPLICABLE, LIST THE NAME AND ADDRESS WHERE TENURE WAS GRANTED: _____

FOLLOWING THE CONFERRAL OF TENURE, WERE YOU EVER DISMISSED FROM ANY SCHOOL PURSUANT TO NY EDUCATION LAW, SECTION 3012 AND 3020-A? YES NO

IF YES, EXPLAIN _____

Upon appointment you will be required to produce identification in accordance with the Immigration Reform and Control Act of 1985.

WHEN INDICATED, I HEREBY AUTHORIZE THE HOOSIC VALLEY CENTRAL SCHOOL DISTRICT TO MAKE ANY INVESTIGATION OF MY PAST EMPLOYMENT, AND I FURTHER WAIVE THE RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES. I FURTHER RELEASE THAT PREVIOUS EMPLOYER FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE RESPONSE(S) OF QUESTIONS FROM HOOSIC VALLEY CENTRAL AS TO MY PREVIOUS EMPLOYMENT. ALL STATEMENTS BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF EMPLOYMENT.

The Hoosic Valley Central School District does not discriminate on the basis of sex in the education programs or activities which it operates. It is required by Title IX of the Educational Amendments of 1972 not to discriminate in such a manner. This policy of non-discrimination includes the following areas: recruitment and appointment of employees, employment pay and benefits, counseling services for students, access by students to educational programs, course offerings and student activities.

Applicant's Signature: _____ **Date:** _____

HOOSIC VALLEY CENTRAL SCHOOL DISTRICT

CENTRAL OFFICES
2 Pleasant Avenue
Schaghticoke, New York 12154

Superintendent
Mr. G. Michael Apostol

(518)753-4450
Fax (518)753-7665

Position in the Area of:

_____

I, _____ select this reference to be:

[ ] Confidential
(Applicant will not have access to this form.)

[ ] Non-Confidential
(Applicant will have access to this form).

_____ _____
Signature of Applicant Date

The above named individual has applied for a substitute position at Hoosic Valley. In the space below comment on any strengths or weaknesses of the applicant as they may relate to the position indicated above.

_____ _____
Signature of Reference Person Position/Title

_____ _____
Date Telephone No.

Please mail this reference to: HOOSIC VALLEY CENTRAL SCHOOL
Central Office
2 Pleasant Avenue, Schaghticoke, NY 12154

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Position in the Area of:

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(Applicant will not have access to this form.)

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Signature of Applicant Date

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Date Telephone No.

Please mail this reference to: HOOSIC VALLEY CENTRAL SCHOOL
Central Office
2 Pleasant Avenue, Schaghticoke, NY 12154

IMMUNITY OF THE REPORTER

To encourage prompt and complete reporting of suspected child abuse and maltreatment, Social Services Law 419 affords the mandated reporter protection against incurring personal liability for making a report. Any person, official, or institution that acts in good faith in the making of a report, the taking of photographs, or the removal or keeping of a child pursuant to the law, has immunity from any liability, civil or criminal, that might be a result of such action. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official or institution required to report cases of child abuse or maltreatment or providing a service pursuant to Social Services Law 424 shall be presumed, provided that such person, official or institution was acting in the discharge of their duties and within the scope of their employment, and such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

PENALTIES FOR FAILURE TO REPORT

Any person, official, or institution required by the law to report a case of suspected child abuse or maltreatment, who wilfully fails to do so, may be guilty of a Class A misdemeanor. Furthermore, any person, official, or institution required by the law to report a case of suspected child abuse or maltreatment who knowingly and wilfully fails to do so, may be civilly liable for the damages proximately caused by such failure. Social Services Law 420.

NOTE: This memorandum has been adapted from a publication of the New York State Department of Social Services, Child Protective Services, entitled Mandated Reporter Manual. It has been updated to reflect changes that have been made in the law since the reporter was issued in 1984 and modified to make it particularly applicable to the education community.

MEMORANDUM

INTRODUCTION

The laws of 1988 added 3209-a to the Education Law. This section, which becomes effective April 1, 1989, provides that any school that employs persons mandated to report suspected incidents of child abuse or maltreatment is required to provide, at the school's expense, all such current and new employees with written information explaining the reporting requirements. This document has been drafted in order to comply with the new law.

DEFINITIONS

A. "Abused child" means a child less than 18 years of age whose parent or other person legally responsible for his care

1. inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ, or
2. creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health, or protracted loss or impairment of the function of any bodily organ, or.
3. commits, or allows to be committed, a sex offense against a child, as defined by the penal law; allows, permits or encourages such child to engage in any act described in sections 230.25, 230.30 and 230.32 of the penal law; commits any of the acts described in section 255.25 of the penal law; or allows such child to engage in acts or conduct described in article two hundred and sixty-three of the penal law provided, however, that (a) the collaboration requirements contained in the penal law and (b) the age requirement for the application of article two hundred sixty-three of such law shall not apply to proceedings under this article.

B. "Maltreated child" includes a child under 18 years of age:

Defined as a neglected child by the Family Court Act (FCA). The FCA defines "neglected child" as a child less than 18 years of age

1. whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree

a. in supplying the child with adequate food, clothing, shelter or education in accordance with the provisions of part one of article sixty-five of the education law, or medical, dental, optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or

b. in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that child's physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph 1 of this subdivision; or

2. who has been abandoned, in accordance with the definition or other criteria set forth in subdivision five of section three hundred and eighty-four-b of the social services law, by his parents or other persons legally responsible for his care.

PERSONS AND OFFICIALS REQUIRED TO REPORT SUSPECTED CASES OF CHILD ABUSE OR MALTREATMENT

School Officials, among others, are required under Social Services Law 413 to report or cause a report to be made when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is an abused or maltreated child, or when they have reasonable cause to suspect that a child is an abused or maltreated child where the parent or the person legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child.

Whenever a school official suspects child abuse or maltreatment and is acting in his/her professional or official capacity as a member of the staff of a school, the reporter should immediately notify the person in charge, or his/her designated agent, who will then also become responsible for reporting or causing a report to be made. However, nothing in the law is intended to require more than one report from any school.

HOW TO REPORT

Social Services Law 415 provides that whenever child abuse or maltreatment is suspected, a report should be made immediately — at any time of the day and on any day of the week — by telephone. Additionally, a written report should be filed within forty-eight hours of the oral report.

Oral reports should be made to the State Central Register of Child Abuse and Maltreatment (SCR) maintained by the New York State Department of Social Services, by using the statewide, toll free telephone number:

1-800-342-3720

A written report must be filed with the local Child Protective Service (CPS) within forty-eight hours of the oral report. In preparing the written report, persons should complete form DSS-2221A-Report of Suspected Child Abuse or Maltreatment. This form can be obtained from the local child protective service.

OBLIGATIONS OF A REPORTER

The obligations of the reporter extend beyond making an oral and written report of suspected child abuse and maltreatment. In accordance with Social Services Law 416, any person or official required to report may take or cause to be taken, at public expense, color photographs of the areas of trauma visible on a child who is the subject of a report and, if medically indicated, may cause x-rays to be taken of the child. Any photographs or x-rays taken must be sent to the local child protective service at the time the DSS-2221A is sent or as soon thereafter as possible.

MANDATORY REPORTING OF DEATHS TO MEDICAL EXAMINER OR CORONER

In accordance with Social Services Law 418, the appropriate medical examiner or coroner must be notified by a mandated reporter, as well as a local child protective service case worker, when such person has reasonable cause to suspect that a child has died as a result of child abuse or maltreatment.

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Statement of Child Abuse:

As a school employee, you are required by law, to report suspected cases of child abuse of which you may be aware. The Building Principal is responsible for receiving reports of child abuse, while the School Nurse may receive reports in the absence of the Building Principal.

An employee who fails to report a case of abuse of which he or she is aware is guilty of a Class A misdemeanor. However, mandated reporters, who in good faith, make a report or take photos for the same purpose are immune from either civil or criminal actions. "Good faith" is presumed provided the employee is acting within the scope of his or her duties.

Acknowledgement of Receipt:

_____
Employee Signature

_____
Date

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. **Read instructions carefully before completing this form. The instructions must be available during completion of this form.**
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
	☐☐☐-☐☐-☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date *(mm/dd/yyyy)*:

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP ***Employer Completes Next Page*** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State / Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.