

# ICHABOD CRANE CENTRAL SCHOOL

## **INFORMATION FOR APPLICATION AS A SUBSTITUTE TEACHER AND TEACHING ASSISTANT**

Enclosed are the forms for application as a substitute teacher. After completion, please return them to:

Ichabod Crane Central School  
Amy Boothby  
Central Office  
PO Box 820  
Valatie, NY 12184

Applicants for Substitute Teachers/Teaching Assistants may be submitted anytime. Certified Teachers/Teaching Assistants may be given first priority.

Upon receipt of your application and credentials, your application will be reviewed, and a reference check will be conducted. If you are not selected to sub, applications will be maintained on file for a period of one year.

When this process has been completed, your name will be submitted to the Board of Education (*at their next regularly scheduled meeting*) for appointment to the per diem substitute list. After approval by the Board, a summary of all available substitutes is provided to our building administrators and to our substitute calling service. Our notification will indicate you have been added to our sub list, and will include information on filling out payroll forms, and providing us with two forms of identification of either your drivers' license and social security card or your passport . Also, please note the following:

**FINGERPRINTING THROUGH THE NYS EDUCATION DEPARTMENT IS  
REQUIRED. PLEASE SEE THE FINGERPRINTING INFORMATION  
INCLUDED WITH THIS APPLICATION**

# Ichabod Crane Central School District

*SUBSTITUTE TEACHING/TEACHING ASSISTANT APPLICATION*

CO - 29

## GENERAL DIRECTIONS:

1. Fill out application form and forward to: **Ichabod Crane Central School**  
**P.O. Box 820**  
**Valatie, New York 12184-0137**

## PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF CERTIFICATE/S HELD \_\_\_\_\_

DEGREES HELD: \_\_\_\_\_

Please enclose copy of Certificates/Degrees held.

## REFERENCES

NOTE: Please list at least three references (with **current** contact information) who can speak to YOUR PROFESSIONAL AND/OR PERSONAL CHARACTER, INCLUDING YOUR MOST RECENT SUPERVISOR, even if letters from these individuals are attached.

NAME	RELATIONSHIP	EMAIL ADDRESS and/or PHONE NUMBER
1.		
2.		
3.		

For Office Use Only:

Approved Certified Substitute Teacher/TA

Approved Tutor K-5

Approved Non-certified Substitute Teacher/TA

Approved Tutor 6-12

Pending, more information required: \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS

PLEASE CHECK THOSE AREAS (X) IN WHICH YOU WILL SUBSTITUTE

\_\_\_\_ I WILL SUBSTITUTE IN THE *PRIMARY SCHOOL* (GRADES K-3)

\_\_\_\_ I WILL SUBSTITUTE IN THE *ELEMENTARY SCHOOL* (GRADES 4-5)

\_\_\_\_ I WILL SUBSTITUTE IN ANY GRADE IN THE *MIDDLE SCHOOL* (GRADES 6-8)

\_\_\_\_ I WILL SUBSTITUTE IN ANY GRADE IN THE *HIGH SCHOOL* (GRADES 9-12)

I AM AVAILABLE:

\_\_\_\_ (NUMBER OF) DAYS PER WEEK

IF NOT AVAILABLE FIVE (5) DAYS PER WEEK, PLEASE NOTE DAYS AVAILABLE:

\_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday

I AM INTERESTED AND AVAILABLE AS A *HOME TUTORIAL SUBSTITUTE* FOR THE FOLLOWING:

\_\_\_\_ GRADES K-5

\_\_\_\_ GRADES 6-12

State requirement is One (1) Hour per Day for Elementary Students (GRADES K-5)

State Requirement is Two (2) Hours per Day for Secondary Students (GRADES 6-12)

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Non-Discrimination Compliance Statement

The Ichabod Crane Central School District hereby advises students, parents, employees, and the general public that it offers educational opportunities including vocational opportunities without regard to sex, race, color, national origin, handicap or religion. Inquiries regarding this non-discrimination policy may be directed to: Section 504 Compliance Officer, Robert McCloskey and Title IX Compliance Officer, Melissa Murray, Ichabod Crane Central School District, Valatie, NY 12184 (518) 758-7575. A copy of the "In Compliance with Section 1.4 (a)" is available in the Superintendent's Office.

Ichabod Crane Central School  
Valatie, NY 12184

**MEMO**

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**TO: All Applicants**

**RE: Fingerprinting**

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Attached is a NYS Education Department OSPRA 102 form. If you have previously been fingerprinted through the NYS Education Department, please complete sections 1, 2 and 3. The completed form should then be returned with your application.

Pursuant to Policy #9500, Fingerprinting for Prospective Employees, if you have not been fingerprinted, you will need to contact Morpho Trust at either (877) 472-6915 or [www.identogo.com](http://www.identogo.com). Also, a Central Office staff member can assist you with this should you have any questions. The fee is \$99.25.

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# 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/cert/ospira](http://www.highered.nysed.gov/cert/ospira)  
[OSPRA@mail.nysed.gov](mailto: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

(leave blank)

First 6 digits of school BEDS or CS-ID #: \_\_\_\_\_  
Charter Schools: Please contact OSPRA to obtain your specific CS-ID number: \_\_\_\_\_

Title of position employee will be placed in: \_\_\_\_\_

Signature of employer representative or fingerprint contact person:

Date:

Telephone # of fingerprint contact person: \_\_\_\_\_

### SECTION 3

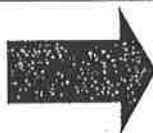
- I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation
  - I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998
- 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 E3A  
Albany, NY 12234  
fax (518) 473-8812

## **Fingerprint Information**

To schedule a fingerprint appointment you can contact MorphoTrust by going to their website at [www.identogo.com](http://www.identogo.com) and clicking on New York State on the map, or calling (877) 472-6915. The fee is \$99.70

If you do make an appointment online, Morpho Trust will ask you for an ORI Number and that number is TEACH.

Please note to contact either Amy Boothby of your appointment for teaching employees and subs at 758-7575 ext 3002 or Angela Cowan at 758-7575 ext 3009 for non-teaching employees or subs

## **Morpho Trust Fingerprint Locations**

Go to [www.identogo.com](http://www.identogo.com) for maps of your location

### Albany

21 Everett Rd Ext, Albany, NY

Mon, Tue, Thu & Fri 8:00am - 4:30pm; Wed 8:00am - 7:00pm; E/O Sat 8:00am - 12:00pm

### Albany

10 New Scotland Ave, H & R Block, Albany, NY

Tues/Thursday 9 -12 and 1 – 6 p.m.

### Cobleskill

Race Printing & Package Center - 111 Barnerville Rd, Cobleskill, NY

Wed & Thu 9:00 - 2:00; Fri 9:00 - 4:00

### Delhi

Delhi Village Hall - 9 Court St Delhi, NY

Tue 9:30 - 12:00 & 12:30 - 2:30

### Gloversville

199 So. Main St., Gloverville, NY

Tue & Fri 9:00 – 12:00 and 12:30 - 4:00

### Kingston

130 N. Front St, Ste 2, Kingston, NY

Mon & Wed 10:00 – 3:00; Thu and Fri 10:00 – 6:00

### Lake George

Warren County Sheriff's Office - 1400 US 9 Lake George, NY

Thu 11:30 - 3:30 & 4:00 - 6:00; Fri 9:00 - 12:00 & 1:00 - 6:00

### Malta

101 Saratoga Village Blvd, Malta, NY

Mon 8am-12pm & 1pm-5pm

### Prattsville

14517 Main St, Prattsville, NY

Tues 10:00 – 12:00 & 12:30 – 1:30

Schenectady  
133 Wall St, Ste 3, H & R Block, Schenectady, NY.  
Mon, Wed & Fri 10:00am - 1:00pm & 2:00 – 6:00

W Coxsackie  
11877 Rte 9W, West Coxsackie, NY 12192  
(Hours vary)

**Fee: \$99.70**

If you want to pay by credit card, the fee must be paid online, or over the telephone in advance of your fingerprint scanning appointment. The only way to pay for fingerprints at the time of scanning is by cash or checks (i.e., personal, business check, government check, certified check, bank check or money order made payable to "MorphoTrust USA"

You must have two forms of identification. At least one form of identification must contain a photo.

Acceptable Photo Identification Documents

- U.S. Passport (unexpired or expired)
- Permanent Resident Card
- Alien Registration Receipt Card
- Unexpired Foreign Passport
- Driver's License or Photo ID Card (issued by U.S. State or Territory)
- U.S. Student ID Card with photo (High School or College)
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)
- Photo ID Card issued by Federal, State or Local Government

Additional Identification Documents

- Voter Registration Card
- U.S. Military Card or Draft Record
- Military Dependent's ID Card
- Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Canadian Driver's License
- U.S. Social Security Card
- Original or Certified Copy of a Birth Certificate issued by authorized U.S. agency with official seal
- Certification of Birth Abroad (Issued by U.S. Department of State)
- U.S. Citizen ID Card (Form I-197)
- School Record or Report Card (only accepted for applicants under the age of 18)
- Clinic, doctor or hospital record (only accepted for applicants under the age of 18)