

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT Information Sheet for Support Staff Positions

Persons applying for a full-time or substitute support staff position in the South Jefferson Central School District should submit the following information for consideration of their application:

1. A *letter of application* stating your interest in one or more of the following areas:

Cafeteria, Custodial, Teacher Aide, Bus Driver, Transportation Aide, Nurse*

*NOTE: Applicants for nursing positions need to submit a copy of Nursing License, current first aid card, and current CPR card.

2. A *resume* stating education, work experience, and other pertinent information.

3. *Three letters of recommendation* from at least one previous employer and acquaintances that could attest to your ability for the position in which you are applying.

4. *Application forms* (included with this form).

5. *Fingerprinting* - Fingerprinting process:

Call MorphoTrust/IDEMIA at 1-877-472-6915 to make an appointment or visit
<https://uenroll.identogo.com/workflows/14ZGR7>

Service Code for Employee: 14ZGR7

Location: JRC, 380 Gaffney Drive, Watertown, NY

Current Fee as of January 1, 2022: \$101.75

Please submit the above information to:

Michelle Jaques
Secretary to the Superintendent
South Jefferson Central School District
P.O. Box 10
Adams, New York 13605-0010

-OR-

Drop off information at the District Office
(located in the lower level of the Wilson Elementary School, Adams Center)

If you have any questions, please call 315-583-6104.



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APPLICATION FOR EXAMINATION / EMPLOYMENT
 Jefferson County Department of Human Resources
 175 Arsenal Street, Watertown, NY 13601
 Phone: (315) 785-3147
www.co.jefferson.ny.us

This application is part of your examination. Answer all questions thoroughly. Incomplete applications may be disapproved.
 Before filling out your application, read carefully the announcement for this examination. When completing your application, be sure to enter the examination title and number which identifies the examination for which you are filing.

Position or Exam Title:			Exam #		
Social Security Number:					
Name and Legal Address: IMMEDIATE notice should be given to this office of any changes in address.					
Last Name		First Name		M.I.	
Street		City		State Zip	
Mailing Address: (if different from above)			Street		City State Zip
Phone Number: () _____		() _____		() _____	
Home		Business		Cell	
Email Address _____					

PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence as of the date of this application (**IMPORTANT**) This section will determine what resident list (if any) your name will be certified to. I currently reside (**indicate one of the three**) in the: **(1) City** of _____, **OR (2) Town** of _____, **OR (3) Village** of _____, in the **School District** of _____ located in the **County** of _____ in the **State** of _____.

TESTING ACCOMMODATIONS: We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach description describing accommodation request).

ALTERNATE TEST DATE: If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Human Resources on the **next** business day following the exam date. You may be required to submit **documentation** of your emergency.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family.
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance or grand jury duty.
- A conflicting professional or educational examination.

Civil Service use only: Reviewer _____ Approved Disapproved Conditioned Recv'd By _____

Reason/Comments: _____ PD W

Are you 18 years of age or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If no, you must supply a work permit.		
Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.		
Do you have a High School diploma ?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, <u>NAME AND LOCATION OF HIGH SCHOOL</u> :		
Or, a High School Equivalency Diploma (GED) ?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, <u>GOVERNMENT AUTHORITY (GED) NUMBER</u> :		
If college course work is required to meet the minimum qualifications, you <u>must</u> submit a copy of your transcript.						
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL, or TECHNICAL SCHOOLS(S) IN SPACE BELOW:		TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
NAME OF SCHOOL:					<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):						
NAME OF SCHOOL:					<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):						
LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:						
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)		License Dates (Mo/Day/Yr) From To		Permanent From To
Driver's License (Complete only if the position for which you are applying requires one.) Number: _____ State _____ Date of Expiration: _____ Class of License: _____ Endorsements: _____ Restrictions: _____						
COMPLETE ALL QUESTIONS:						
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	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?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime(s) (felony or misdemeanor)?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime(s)?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter?		If yes, indicate years of service:		
If you answered (YES) to any of these questions, provide full details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide sufficient details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.						

EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **DO NOT SUBSTITUTE A RESUME.** Under “**DUTIES**” describe the nature of 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. Part-time experience will be prorated unless otherwise stated on the announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain all information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	DUTIES:		
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	DUTIES:		
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	DUTIES:		
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	DUTIES:		
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

INSTRUCTIONS AND INFORMATION

ADMISSION TO EXAMINATION: Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination 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 examination 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. Telephone this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-A: If you are a child of a police officer or firefighter who was killed in the line of duty in the service of the municipality for which you are applying for employment, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact this office.

EXTRA CREDIT FOR WAR TIME VETERANS:

Answering these questions 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. You can waive the extra credits later if you wish. At the time of application, you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

DO NOT COMPLETE THIS SECTION UNLESS YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment since January 1, 1951.

EXTRA CREDIT FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

YES NO I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a **full-time active duty basis other than active duty for training purposes.**)

YES NO I served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces: Aug. 2, 1990 to the date when the Persian Gulf hostilities ends: Dec. 22, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946;

or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: *(Panama) Dec. 20, 1989 to Jan. 31, 1990; *(Lebanon) June 1, 1983 to Dec. 1, 1987; *(Grenada) Oct. 23, 1983 to Nov. 21, 1983;

or in the U.S. Public Health Service:
June 26, 1950 to July 3, 1952; July 29, 1945 to Sept. 2, 1945

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

YES NO I have a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

To claim conditional credits, please check:

YES NO I am currently on active duty in the Armed Forces and wish to apply for veterans credits.

EQUAL OPPORTUNITY EMPLOYMENT

It is the policy of Jefferson County to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, sex, race, creed, color, national origin, sexual orientation, disability, military status, marital status, predisposing genetic characteristics, domestic violence victim status, or criminal record in connection with employment.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. Any false statements made in this application are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Signature/Date

Please print any other name by which you have been known.

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT
Support Staff Substitute Questionnaire

Name _____ SS# _____

Any other name by which you have been known _____

Have you been employed by South Jefferson CSD previously? (Yes/No) If yes, when? _____

Address _____ Telephone # _____

In Emergency, Notify _____ Telephone # _____

Support staff areas interested in: _____

I (do/do not) wish to be included on the 2023-2024 substitute support staff list.

Do you wish to be considered for full-time employment? _____

Are you currently employed? _____ If yes, please indicate full or part time _____

Are you a member of the NYS Employees Retirement System? _____

Very Important - If yes, retirement number _____

When are you not available for substitute work? _____

Are you available for assignments at all schools in the District? _____

If not, explain _____

Are you available upon short notice (1 or 2 hours)? _____

If not, explain _____

Will you have any transportation problems in reporting to work? _____

If yes, explain _____

Please list names and complete addresses for three (3) references:

I understand and agree to notify the Superintendent of Schools of the South Jefferson Central School District if any of the above conditions change.

Name (Signature)

Date