

# SPACKENKILL UNION FREE SCHOOL DISTRICT

Human Resources - 15 Croft Road  
Poughkeepsie, New York 12603  
(845) 463-7800

## APPLICATION FOR SUBSTITUTE REGISTERED NURSE

The Spackenkill Union Free School District does not discriminate on the basis of age, race, gender, creed, color, national origin, marital status or disability in admission or access to treatment or employment in the programs and activities which it provides. Information, including complaint procedures, is available at the offices of the Superintendent to any individual who believes that his/her rights may have been violated by the District or its officials.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Are you a member of the NYS retirement system?  Yes, \_\_\_\_\_ Ret. No. \_\_\_\_\_  No  
Social Security No. \_\_\_\_\_ Citizen of U.S.?  Yes  No  
Have you had your fingerprints taken for a school district?  Yes, Date \_\_\_\_\_  No  
Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Female  Male  
TEACH ID# \_\_\_\_\_

### PREPARATION

Degree \_\_\_\_\_ Major \_\_\_\_\_ Name of College \_\_\_\_\_

### LICENSE *(MUST PROVIDE COPY OF LICENSE) – Registered Nurses only*

Type \_\_\_\_\_ State \_\_\_\_\_ Qualifies For \_\_\_\_\_

### EXPERIENCE

Position(s) \_\_\_\_\_ Firm \_\_\_\_\_ Date(s) \_\_\_\_\_

Nassau Elementary School (Gr. K-2)  
7 Nassau Road  
Poughkeepsie, NY 12603 463-7843

O. A. Todd Middle School (Gr. 6-8)  
11 Croft Road  
Poughkeepsie, NY 12603 463-7830

Hagan Elementary School (Gr. 3-5)  
42 Hagan Drive  
Poughkeepsie, NY 12603 463-7840

Spackenkill High School (Gr. 9-12)  
112 Spackenkill Road  
Poughkeepsie, NY 12603 463-7810

**PLEASE CHECK DESIRED SCHOOL(S) ABOVE**

**PROFESSIONAL REFERENCES** *(Please list a minimum of 3 references - friends or relatives are not acceptable)*

Name \_\_\_\_\_ School District \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Did you graduate from Spackenkill High School?  Yes - Year \_\_\_\_\_  No

Do you have a valid license to operate a motor vehicle in New York State?  Yes  No

Do you need a reasonable accommodation to perform the essential functions of the job for which you apply?  Yes  No  
If yes, please explain \_\_\_\_\_

Have you ever been found guilty of charges brought pursuant to NYS Civil Service Law §75 or any other disciplinary proceeding?  
 Yes  No If yes, please give the specifics of the charge(s) of which you were found guilty, the penalty you received and when the determination as to guilt and penalty were made.

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  Yes  No

Have you ever been convicted of any crime (felony or misdemeanor)? \*  Yes  No  
If yes, please explain \_\_\_\_\_

If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable?  
 Yes  No  Not Applicable

If yes, you may attach specifics on a separate sheet of paper.

*\* The District reserves the right to diligently confirm this information.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

Please note that you will be notified when your name has been placed on the active substitute list. Should your phone number or availability change, please contact our office.

**FOR OFFICE USE ONLY**

**REFERENCE CHECK INFORMATION**

<u>Name</u>	<u>Comments</u>	<u>Date Contacted</u>

Date Interviewed \_\_\_\_\_ Comments \_\_\_\_\_

Administrator's/Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted for Board of Education Approval \_\_\_\_\_

Date of Final Clearance granted \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Interviewed _____
Reference Ck _____
Fingerprinted _____



# 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/tcert/ospra](http://www.highered.nysed.gov/tcert/ospra)  
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.

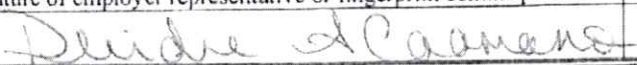
Type or print all information. Inaccurate, incomplete or illegible information will delay processing

### 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)

<ul style="list-style-type: none"> <li>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.</li> <li>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."</li> <li>Make no other marks in the box below or the box to the right of this space.</li> </ul>	<i>OSPRA Processing Dates</i>	
	(leave blank)	First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number:
	Spackenkill Union Free School District 15 Croft Road Poughkeepsie, NY 12603	131602
Signature of employer representative or fingerprint contact person:		Telephone # of fingerprint contact person:
		845-463-7800

### 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.

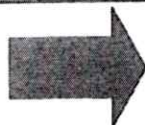
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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 completed OSPRA 102 to:



Spackenkill UFSD  
Human Resources  
15 Croft Road  
Poughkeepsie, NY 12603



Book	POLICY BOOK
Section	4000 PERSONNEL
Title	Substitute Teacher Pay
Code	4114.1
Status	Active
Adopted	December 9, 1985
Last Revised	January 21, 2020
Last Reviewed	October 1, 2012

Beginning 2020 updated rates will be approved annually by the Board of Education at the July Re-organizational Meeting

When an employee begins his/her third consecutive year of resident substitute status, he/she will receive an additional \$5 per day.

**Certified Teacher:** \$105 per day

In order to receive the certified rate, proof of your certification is required.

**Uncertified Teacher:** \$90 per day

**Registered Nurse:** \$150 per day

**Substitute teacher assistants, aides, monitors and clerical:** \$12.50 per hour

As of July 1, 2001, the State Education Department has required us to fingerprint any potential employees working for the Spackenkill Union Free School District. If you have not had them done, you will be contacted to make arrangements to have your fingerprints taken.

Return the entire packet to the District Office at the address at the top of the application.