



Homer Central School District – Substitute Application Process

- Set up an appointment to have a mini-interview with any building principals or administrators listed below:

High School	Doug Pasquerella	749-1208
High School	Douglas Van Etten	749-1208
Junior High	Kara Schneider	749-1230
Intermediate	Stephanie Falls	749-1240
Elementary	Jim McGory	749-1250
Athletics	Michael Carboine	749-1213

- Bring your application to the interview and if you have been fingerprinted, complete the OSPRA 102 (see attached).
- If you need to be fingerprinted, please check the homercentral.org web site. Click on the Jobs tab. You will be given instructions on how to obtain the fingerprinting information needed to complete the application.

For Office Use Only

Cert. Verified _____

Interviewed By _____

Date _____

NON-INSTRUCTIONAL SUBSTITUTE APPLICATION

Homer Central School

Aide, Bus Driver, Cleaner, Clerical, Nurse

PLEASE PRINT:

Name _____ Phone _____

Mailing Address _____

E-Mail Address _____

Social Security # _____

POSITION(S) DESIRED: _____

HAVE YOU EVER BEEN FINGERPRINTED FOR EDUCATIONAL PURPOSES? ___ YES ___ NO

EDUCATION - Did you graduate from High School? _____ Yes _____ No

School _____ Address _____

Please circle highest number of years completed after high school: 1 2 3 4

<u>EMPLOYMENT RECORD:</u>	Name/Address/Phone	Position(s)	Health	Dates

PROFESSIONAL REFERENCES: Name/Position/Address/Phone

Most Recent: _____

Preceding: _____

**Have you ever been convicted of any crimes (felony or misdemeanor)? Yes _____ No _____ If yes, explain on back.

REFERENCES: Name/Address Employment Relationship

1. _____

2. _____

PREFERENCE: ___ Elementary (K-2) ___ Intermediate (3-5) ___ Jr. High (6-8) ___ High School

AVAILABILITY: Mon Tues Wed Thurs Fri All



Confidentiality Statement

Homer Central School District
Homer, NY 13077-0500



In my role to support the educational mission of the Homer Central School District, I understand that I may have access to School District, BOCES, or other districts' data (such as student grades, health or family information, district emergency plans, financial documents, security procedures, ... etc.).

I understand that I will only access data or information for which I have a legitimate business purpose. Accessing data is only in conjunction with my job responsibilities.

I am not to share (electronically or otherwise), reproduce, distribute, or discuss any accessible data with any person or entity not directly involved with the job responsibilities of my position.

I am not to share my access codes (network, building, phone... etc.) unless directed by my administrative supervisor. Additionally, I will not provide information to any staff members, students or the public unless directed to by my administrative supervisor on how the district network is set up, monitored, protected, or vulnerable.

If there are any doubts in this regard, I will obtain clarification and permission from my administrative supervisor.

My signature confirms that I have read and understand the above Confidentiality Statement.

Signature

Date

Print Name

Building: High School Junior High
 Homer Elementary
 Other: _____

Intermediate
 Transportation

Support Role: Instructional Non-Instructional Other: _____

Please return completed form to the Superintendent's office



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
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"> • 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. 		<i>OSPRA Processing Dates</i>	
Kelli Yacavone Homer Schools 80 West Rd Homer, NY 13077		(leave blank)	First 6 digits of BEDS code of school district, charter school or BOCES: 11-07-01
			Title of position employee will be placed in:
Signature of employer representative or fingerprint contact person:		Date:	Telephone # of fingerprint contact person:
			607-749-7241

SECTION 3

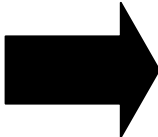
1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.

2. 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 EBA Albany, NY 12234 fax: (518) 473-8812
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