

In compliance with Title IX of the Educational Amendments of 1972 (U.S. Congress), it is the policy of the Caledonia-Mumford Central School District not to discriminate on the basis of sex, religion, national origin, age, physical ability, or marital status in admissions, employment and treatment of students and employees in any education program or activity.

Date _____

Board of Education
Caledonia-Mumford Central School
Caledonia, New York 14423

APPLICATION
OF

NAME _____

ADDRESS _____

PHONE NUMBER _____

FOR THE POSITION OF _____

INTEREST: Check all that apply

Full Time _____

Part Time _____

Long-Term Substitute _____

Tutor _____

On-Call Substitute _____

PLEASE COMPLETE THE ENTIRE APPLICATION AND OSPRA 102.

IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY
MARKING N/A.

RETURN COMPLETED APPLICATION AND COPY OF CERTIFICATION
TO:

David V. Dinolfo
Superintendent
Caledonia-Mumford Central School District
99 North Street
Caledonia, New York 14423

Fingerprints/Clearance Form Submitted to SED _____
Administrative Approval _____

11. **EDUCATIONAL PREPARATION:** (List in Chronological Order)

College	Address	Number of Years Attended	Degree Conferred	Major	Minor

12. **STUDENT TEACHING EXPERIENCE:**

School	Address	Supervising Teacher	Grade/Subject

13. **TEACHING EXPERIENCE:**

School	Address	Number of Years	Supervising Teacher	Grade/Subject

14. **OTHER RELATED EXPERIENCE:**

Firm or Organization	Address	Number of Years	Position

15. **REFERENCES:** Include the names of administrators or supervisors from your current and immediate previous employer.

Name	Official Position	Complete Mailing Address	Phone



Clearance For Employment Request Form

Type or Print All Information

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.

(leave blank)

First 6 digits of BEDS code of school district, charter school or BOCES:

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.

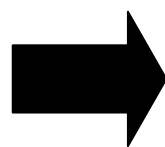
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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 EBA
Albany, NY 12234
fax: (518) 473-8812

