

Dear Non-Instructional Applicant:

Thank you for expressing a desire to work in the Saratoga Springs City School District. In order to be considered for employment, the following items are required:

- Completed Saratoga Springs City School District Application
- Completed Saratoga Springs Municipal Civil Service Application
- A Tuberculosis Screen, current within the last 6 months. This screening can be performed free of charge at the Saratoga County Public Health Chest Clinic, 31 Woodlawn Avenue, Saratoga Springs, NY 12866. Please contact Jane Bangert at 584-7460 X366 for an appointment.

If you have a history of a positive skin test, the District requires either:

1. Written documentation from a doctor of adequate prior treatment or
2. A chest x-ray within the last six (6) months.

- For LPN's, OT's, COTA's, PT's and CPTA's - Copy of your applicable Certificate and College Transcripts

In order to be placed on the Substitute/Applicant Non-Instructional List, please complete and return the following items, which are contained in the Application Packet:

- Completed Application
- New York State Employees Retirement System Form
- Employee State and Federal Withholding Forms (W-4 and IT-2104)
- Employment Eligibility Verification Form – please refer to the list of Acceptable Documents.

You must provide:

1. One (1) document from List A

**OR**

2. One (1) document from List B **AND** One (1) document from List C

If I can be of further assistance to you, please call my office at 693-1491.

Sincerely,

Karen F. Stanley  
Director for Human Resource Services

KFS/blr  
Attachments

# SARATOGA SPRINGS CITY SCHOOL DISTRICT

## ALL POSITIONS REQUIRE A MINIMUM OF A HIGH SCHOOL DIPLOMA OR GED

The Saratoga Springs City School District has a student enrollment of approximately 7,000 students housed in six elementary schools, a Middle School, and a High School. The District currently employs approximately 1,000 teachers, support staff, administrators and supervisors.

### POSITIONS FOR YOU TO CONSIDER

#### **Non-Competitive:**

The majority of these positions are approximately 175 days per year. The hours range from 2 ½ to 8 per day.

Teacher Aide	Food Service Helper	Building Maintenance Mechanic
School Monitor	Food Service Cashier	Building Maintenance Worker
Student Interpreter	Cook	Groundskeeper
School Bus Driver*	Motor Vehicle Operator	Laborer
School Bus Driver Asst.		

\*Training provided. Class III License required.

#### **Competitive:**

Senior Keyboard Specialist	Senior Account Clerk	Custodian
Keyboard Specialist	Account Clerk	Bus Dispatcher
Senior Clerk	Payroll Clerk	Bus Mechanic
Clerk		

#### **Supervisory and Competitive:**

Director of Facilities & Operations	School Lunch Director
Assistant Director of Facilities & Operations	Assistant School Lunch Director
Transportation Supervisor	Assistant Business Manager
Assistant Transportation Supervisor	

To complete an application for competitive positions, contact the Saratoga Springs Civil Service Commission, City Hall, Room 5A, Saratoga Springs, NY 12866. (518-587-7098 Ext. 620) Minimum qualifications for each position are included on the examination announcement.

#### **Professional – New York State Certification Required:**

Teacher	Registered Professional Nurse	Occupational Therapist
School Psychologist	Licensed Professional Nurse	Cert. Occupational Therapist Asst.
Guidance Counselor	Physical Therapist	Speech Therapist
Administrator	Cert. Physical Therapist Asst.	

#### **Substitute Employment:**

In the event of absence of regular staff, the District maintains a list of active substitutes in each of the following areas:

Instructional	School Nurse	Transportation
Non-Instructional	Food Service	Custodial

### **EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

**SARATOGA SPRINGS CITY SCHOOL DISTRICT**  
**3 Blue Streak Boulevard**  
**Saratoga Springs, New York 12866**  
**518-693-1491**

**NON-INSTRUCTIONAL APPLICATION**

\_\_\_\_\_  
(Print) Last Name First Middle

\_\_\_\_\_  
Present Address City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code/Telephone Number Indicate any other name by which you have been known

Are you over 18 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

Application for: \_\_\_\_\_ Substitute \_\_\_\_\_ Full-time (10 / 12 Months)

POSITIONS FOR WHICH YOU ARE APPLYING: Please check desired area(s):

Senior Typist		School Monitor		School Bus Driver		Teacher Aide	
Keyboard Specialist		School Grounds Monitor		School Bus Driver Asst.		Student Interpreter	
Senior Clerk		Food Service Helper		Bus Dispatcher			
Clerk		Food Service Cashier		Bus Mechanic		OT	
Sr. Account Clerk		Courier (MVO)		Cleaner		COTA	
Account Clerk		Building Maint. Worker		Custodian		PT	
Payroll Clerk		Building Maint. Mech.		Laborer		CPTA	
		Groundskeeper					

Have you ever worked for or applied for a position with the Saratoga Springs City School District?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, date applied \_\_\_\_\_ Position and Location \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever been dismissed from employment or refused re-employment for cause? \_\_\_ YES \_\_\_ NO  
If yes, please explain \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying? \_\_\_ YES \_\_\_ NO

Since your 16<sup>th</sup> birthday, have you ever been convicted of a criminal offense (i.e., a felony or misdemeanor, excluding traffic infractions for which a fine of \$50 or less was imposed)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, state the charge, place and approximate date, and the resultant penalty, if any. \_\_\_\_\_

APPLICATION FOR EXAMINATION / EMPLOYMENT

SARATOGA SPRINGS MUNICIPAL CIVIL SERVICE COMMISSION

5 Lake Avenue Room 5A (City Hall)
Saratoga Springs, New York 12866-2366
(518) 587-7098 x620 or 602

Identify position title and examination number
(see examination announcement)

- 1. This application is part of your examination. An applicant must answer every question on this application form and submit a correct and complete application before the filing deadline. An incomplete application will be disapproved. A resume will not be accepted in place of a completed application.
2. The correct examination fee must be submitted with the application. Examination fees will not be accepted after the filing deadline. See "Examination Fee" instructions on the examination announcement. A candidate who is currently unemployed or on public assistance may be eligible for an Application Fee Waiver. Please refer to the Application Fee Waiver form attached to the examination announcement for which you are applying.
3. Print all answers in ink.

1. NAME AND CURRENT LEGAL ADDRESS

Blank lines for name and address.

TELEPHONE: home) work)

2. SOCIAL SECURITY NUMBER:

3. BIRTHDATE:

4. VETERAN'S CREDITS: If you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and complete Section 9.

Disabled Veteran Non-Disabled Veteran

5. SPECIAL ARRANGEMENTS: See instruction page

Military Member Disabled Person
Religious Accommodations

6. I am a United States citizen or an alien lawfully admitted for permanent residence: YES NO

7. Identify how long you have continually resided at the address stated above up to and including the date of this application.

Name YEARS MONTHS

SCHOOL DISTRICT:

CITY, VILLAGE, TOWN:

COUNTY:

CIVIL SERVICE USE ONLY: Application received:

Examination Fee Fee Waiver Residency Verification

APPLICATION: Approved Disapproved Cond. Approval

8. Check the appropriate response to each question.

Are you currently in default on any outstanding student loan(s) made or guaranteed by the NYS Higher Education Services Corporation? YES NO

Have you ever been convicted of any crime? (felony or misdemeanor) YES NO

Are you now under charges for any crime? YES NO

Have you ever been discharged from any employment except for lack of work or funds, disability or medical condition? Did you ever resign from any employment rather than face discharge? YES NO

9. Answer only if you are claiming additional credits as a disabled or non-disabled Veteran for the examination(s) indicated on this application. Be sure that you read the instructions relating to "Veteran's Credits" and have claimed these credits in question 4.

Have you ever served in 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. YES 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? YES NO

I served on an "active duty" basis, other than active duty for training purposes, during one or more of the following "time of war" periods:

- December 7, 1941 to December 31, 1946
June 27, 1950 to January 31, 1955
February 28, 1961 to May 7, 1975
August 2, 1990 to Persian Gulf Hostilities end

Or, earned the Armed Forces, Navy or Marine Corps expeditionary medal for service during:

- June 1, 1983 to December 1, 1987
October 23, 1983 to November 21, 1983
December 20, 1989 to January 31, 1990
YES NO

Are you currently a resident of New York State? YES NO

Since January 1, 1951 have you used additional Credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

All Statements are Subject to Verification

I affirm under penalties of perjury that all statements made on this application (including any attached documents) are true. I understand that all statements made by me in connection with the application (including background documents) 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.

Signature of applicant Date

Indicate any other name by which you have been known

**APPLICATION FOR EXAMINATION / EMPLOYMENT (PAGE 2)**

**EDUCATION:** Fully complete **including name, address and year graduated**. If credit is claimed for a partially completed college curriculum or correspondence course, attach a course list, credit or semester hours completed, and indicate the number of credit hours/courses required for graduation. If required to indicate specific course work, you may do so on an attached sheet. Do not send a transcript unless requested. **A vague or incomplete application will not be interpreted in the candidate's favor.**

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GED \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
(attach copy)

TRADE/PROFESSIONAL SCHOOL \_\_\_\_\_ GRADUATED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ MAJOR \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_ GRADUATED \_\_\_\_\_ DEGREE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MAJOR \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_ GRADUATED \_\_\_\_\_ DEGREE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MAJOR \_\_\_\_\_

**IF DID NOT GRADUATE,** YEARS ATTENDED \_\_\_\_\_ MAJOR \_\_\_\_\_ CREDITS \_\_\_\_\_

**LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or is necessary for the performance of the duties of the position for which you are applying, complete the following and submit a copy of the license and/or certificate.

NAME OF TRADE OR PROFESSION \_\_\_\_\_ LICENSE/CERTIFICATE NUMBER \_\_\_\_\_

LICENSING AGENCY \_\_\_\_\_ SPECIALTY \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

DO YOU HAVE A VALID NYS DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER & EXPIRATION DATE \_\_\_\_\_

**EXPERIENCE:** Describe in detail all duties you performed that shows you meet the minimum qualifications of the position /examination for which you are applying. Describe the nature of the work personally performed by you with estimated percentage of time on each type of work. **Unless otherwise stated internships, unpaid or volunteer experience is not accepted.** You may attach a resume but a resume **Will not** be accepted in place of a completed application form.

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____  No. hours worked per week: _____  Salary _____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____ _____

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

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All statements made in connection with this application are subject to investigation and verification; a material misstatement or fraud may be grounds to disqualify an applicant from appointment and/or lead to revocation of appointment. Applicants must answer every question on this application and submit a correct and complete application before the filing deadline. An incomplete or vague application will automatically be disapproved. A résumé will not be accepted in place of a completed application. Print all answers in ink.

**EXPERIENCE: (CONTINUED)**

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____  No. hours worked per week: _____  Salary _____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____  No. hours worked per week: _____  Salary _____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____  No. hours worked per week: _____  Salary _____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____