



Homer School District – Substitute Application Process

- Obtain an application and fingerprint form from any building secretary or on the web at www.homercentral.org.
- Set up an appointment to have a mini-interview with any building principals or administrators.

High School	Douglas VanEtten	749-7246
High School	Karen Lang	749-7246
Junior High	Thomas Turck	749-1230
Intermediate	Stephanie Falls	749-1240
Elementary	Michael Falls	749-1250
Hartnett	Amanda McKenna	842-6216
Special Ed	Richard Passigli	749-1226
Curriculum	Linda Llewellyn	749-1206
Athletics	Michael Carboine	749-1213

- Bring your application to the interview and complete the appropriate form for fingerprinting (OSPRA 101, if you have not been printed, OSPRA 102 if you have been printed).
- If you need to be fingerprinted, please call the Personnel office at the High School at (607) 749-7241 ext 5022 for information.



SUBSTITUTE TEACHER/TEACHING ASSISTANT APPLICATION

Homer Central School

Building _____

Date _____

PERSONAL

Name _____ Phone _____ Cell _____

Address _____ Social Security # _____

PROFESSIONAL BACKGROUND: (College attended/degree) Must be at least a senior in a 4-yr. college or hold a 4-yr. degree.

_____ NYS Certification/TA Cert. (attach copy) Date Issued _____ Area _____

Type – CQ, Provisional, Permanent _____

If you do not have a college degree, please circle highest number of years completed after high school:

1 2 3 4

EXPERIENCE: (Full time teaching and/or as a substitute)

<i>School</i>	<i>Dates</i>	<i>Subject/Gr. Level</i>	<i>FT/Sub</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL REFERENCES: Name / Position / Address / Phone

1. _____

2. _____

CURRICULUM AREA: (Which areas do you feel confident to substitute in?)

Preference:

_____ Elementary	_____ K-2	_____ Jr. High	_____ 7-8
_____ Intermediate	_____ 3-6	_____ Sr. High	_____ 9-12
_____ Hartnett (Truxton)	_____ K-6		

Elementary Ed:

_____ Resource	_____ PE	_____ Lang. Arts	_____ Math
_____ Art	_____ Computer	_____ Science	_____ Health
_____ Music	_____ Reading	_____ Soc. St.	_____ Phys. Ed.
_____ Library		_____ Resource Rm.	_____ Music
		_____ Library	_____ Art
		_____ Reading	_____ Computer
		_____ Home/Career	_____ Tech. Ed.
		_____ Foreign Language (list)	_____

Availability: Mon Tues Wed Thurs Fri All



OSPRA 101 (06/03)

Consent Form For Fingerprinting And Criminal History Records Search of Prospective Employees And Applicants For Certification

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/osptra
OSPRA@mail.nysed.gov

For Fiscal Use Only
Leave Blank

Instructions to Applicant:

- Please completely fill out sections 1, 2 and 5 on this form prior to submission.
If you are seeking clearance for employment, have the prospective employer complete sections 3 and 4.
Fill out the top portion of the fingerprint cards completely in accordance with the sample fingerprint card.
Get a bank check, certified check, money order or employer check for \$94.25 (effective 10/23/07) payable to the New York State Education Department. No personal checks accepted.
Take the completed OSPRA 101, the completed fingerprint cards and the \$94.25 fee to the fingerprint location to get fingerprinted. Get fingerprinted. Sign the fingerprint card.
Mail the completed OSPRA 101, the completed fingerprint cards and the \$94.25 fee to OSPRA in the preaddressed stamped envelope.

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

SECTION 1

Form fields for Section 1: Social Security Number, Name (Last, First, Middle Initial), Mailing Address, City, State, Zip, Telephone number & area code, Date of Birth (00/00/0000), State or Country of Birth, Height, Weight, Sex, Race, Hair, Eyes.

SECTION 2

Please choose (✓) one of the following (or both, if applicable):

- I am or will be applying for Teacher or Administrator Certification
I am applying for Clearance for Employment

SECTION 3

(This section MUST be completed by the prospective employer if you are seeking clearance for employment)

- School District/ BOCES/Charter School Charter Schools: Please contact OSPRA if you do not know your BEDS #
Contract Service Provider

Form fields for Section 3: Prospective Employer Name, First six digits of school BEDS #, Federal Tax ID number, Employer Address, Title of Position of Prospective Employee, Fingerprinting Contact Person, Contact Phone #, Identify who is paying the \$94.25 fingerprinting fee, Signature of Employer Representative or Fingerprinting Contact Person.

SECTION 4

(This section MUST be completed by the Contract Service Provider "CSP" if the prospective employer is a CSP)

Form fields for Section 4: Name of primary district in which the prospective employee will work; this district will receive the clearance for employment, not the CSP (a 102 must be completed for each additional district); First six digits of BEDS code of Primary District



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)

- 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.

OSPRA Processing Dates

(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.

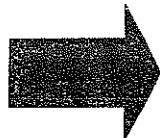
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination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

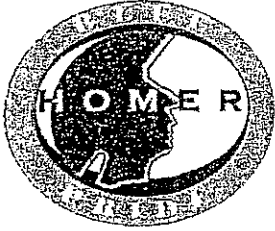
Date:

SECTION 4

Mail or fax
completed
OSPRA 102 to:



OSPRA
NYS Education Department
987 EBA
Albany, NY 12234
fax: (518) 473-8812



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 Intermediate
 Homer Elementary Hartnett Elementary Transportation
 Other: _____

Support Role: Instructional Non-Instructional Other: _____