



**Homer Central School District**

80 South West Road  
Homer, NY 13077  
(607) 749-7241

**Non-Instructional Substitute Application  
Substitute Bus Driver, Cleaner, Clerical/Aide, Nurse**

*Please note: the Cortland County Civil Service Application (attached) must also be completed*

**PERSONAL DATA**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Secondary Telephone \_\_\_\_\_

Please check the substitute position(s) you are applying for:

Sub Bus Driver  Sub Cleaner  Sub Clerical/Aide  Sub Nurse

- 1. Have you ever been fingerprinted for educational purposes? Yes No
- 2. Did you graduate from High School? Yes No
- 3. When will you be available to start as a substitute for Homer CSD? \_\_\_\_\_

**REFERENCES**

*List one personal reference, who has first-hand knowledge of your character, and abilities.*

Name	Position	Address	Phone
_____	_____	_____	_____

*List two professional references, under who you have worked, who have first-hand knowledge of your character and abilities.*

Name	Position	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

*Please check the days you are available to work:*

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

***I declare and affirm that the statements made on the foregoing application, including accompanying statements, are complete, true and correct. I further understand that if hired for a position, any misrepresentation or omissions may result in my termination.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**CORTLAND COUNTY  
PERSONNEL/CIVIL SERVICE**

**COUNTY OFFICE BUILDING**  
60 Central Avenue \* Cortland, NY 13045-2746  
Telephone 607 753-5076 \* FAX 607 758-5517  
TTY Users: 1-800-662-1220  
Website: www.cortland-co.org

**FOR P/CS USE ONLY**

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_  
Conditional \_\_\_\_\_  
App. Amended \_\_\_\_\_

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

Cortland County    City of Cortland    Towns  
Villages    School Districts  
Cortland Housing Authority    Soil & Water Conservation District

Fee \_\_\_\_\_ Paid \_\_\_\_\_ Voucher \_\_\_\_\_

Receipt No \_\_\_\_\_ Received \_\_\_\_\_

Vet\_\_ AP Sent\_\_ AP Recd\_\_ Approved\_\_ V\_\_ DV\_\_ Disapproved\_\_

**THIS APPLICATION IS PART OF YOUR EXAMINATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY.**

Type or print in ink. You may attach additional information if necessary. A separate application is required for each position/exam you are applying for.

1. NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. VACANCY/EXAMINATION TITLE APPLYING FOR: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_

3. VETERANS CREDIT (check one):  NO  Current Member of Armed Forces  Veteran  Disabled Veteran

- A. If you are a Veteran, submit DD214 and the Veterans Application with this application. Forms available online and in the Personnel Office.
- B. If you are currently in the armed forces, acceptable proof may include a Military I.D. card, military orders or other official military documents that substantiate active military service at the time of the examination.

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If you are applying for one of these positions AND/OR if you are under the age of 18: Law enforcement, Firefighters, Highway, DPW, Youth Bureau positions and positions requiring a commercial driver's license have minimum age restrictions.

5. INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE

- |  | YES                        | NO                       |
|--|----------------------------|--------------------------|
| A. Are you an American citizen or, if not, do you have the legal right to accept employment in the U.S.?   | <input type="checkbox"/>   | <input type="checkbox"/> |
| B. Do you now, or have you ever worked for an agency under Cortland County's jurisdiction?   | <input type="checkbox"/>   | <input type="checkbox"/> |
| C. Are you an exempt volunteer firefighter?  | <input type="checkbox"/>   | <input type="checkbox"/> |
| D. Do you require special arrangements for examination (Saturday Sabbath observer or disability)?<br>If yes, contact the Personnel Office.   | <input type="checkbox"/>   | <input type="checkbox"/> |
| E. Were you ever dismissed from any employment for reasons other than lack of work?  | * <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever been convicted of a felony or misdemeanor? Include sealed records (except as allowed under CPL-170), convictions even if over 10 years ago, and youthful offender records when applying for law enforcement and/or mental health positions. You may omit traffic violations | * <input type="checkbox"/> | <input type="checkbox"/> |

**\*If you answered "yes" to E or F above, submit court documentation and complete the Disclosure and Consent Form for Background Investigation. Forms available online and in the Personnel Office. A "yes" answer to E or F will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied.**

**THE COUNTY DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF SEX, RACE, OR HANDICAP IN VIOLATION OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, OR S504 OF THE REHABILITATION ACT OF 1973.**

**6. TITLE, YOUR NAME, LEGAL ADDRESS, ETC.:** (Those interviewing will see only the following pages and any attachments)

Title of Position Applying For:	Final Approval:
Applicant's Name:	Conditional:

**NOTE: You must keep your address and telephone numbers current**

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

VILLAGE \_\_\_\_\_ Years and/or Months There \_\_\_\_\_ / \_\_\_\_\_

TOWN \_\_\_\_\_ Years and/or Months There \_\_\_\_\_ / \_\_\_\_\_

COUNTY \_\_\_\_\_ Years and/or Months There \_\_\_\_\_ / \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ Years and/or Months There \_\_\_\_\_ / \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU HAVE A VALID NYS DRIVER'S LICENSE?  YES  NO

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_

**7. Education:** (If more space is required, attach additional sheets in the same form)

Applicants must submit a transcript if applying for a vacancy or exam that requires a college degree or specific number of credit hours

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received	Have you received degree?
High School		N/A	Graduated? Yes /No	N/A	N/A
GED/TASC		GED #/ TASC	State:	N/A	N/A
Accredited College or University					Yes/No
Accredited College or University					Yes/No
Professional/ Technical School					Yes/No
Other School or Special Coursework					Yes/No

**8. Licenses:** List below any licenses, certifications or authorizations to practice a trade or profession

Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Current registration date: Expiration date:
Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Current registration date: Expiration date:

## 9. EXPERIENCE:

On the following pages, list a consecutive history of all employment or occupations that you have ever had, including military experience. Start with your current or most recent employment first and work your way backward. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission, vagueness or fabrications will not be interpreted in your favor. Attach additional sheets as necessary. You must use the same format as that provided below.

**YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT**

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	DUTIES:		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	DUTIES:		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK: _____	<b>WHY DID YOU LEAVE?</b>		
<input type="checkbox"/> PAID	<input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL)		
<input type="checkbox"/> VOLUNTEER	DUTIES:		
<input type="checkbox"/> INTERNSHIP			
<input type="checkbox"/> OTHER (EXPLAIN)			

**10. EXPERIENCE CONTINUED:**

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:  <input type="checkbox"/> PAID  <input type="checkbox"/> VOLUNTEER  <input type="checkbox"/> INTERNSHIP  <input type="checkbox"/> OTHER (EXPLAIN)	<b>WHY DID YOU LEAVE?</b> <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL) <b>DUTIES:</b>		

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:  <input type="checkbox"/> PAID  <input type="checkbox"/> VOLUNTEER  <input type="checkbox"/> INTERNSHIP  <input type="checkbox"/> OTHER (EXPLAIN)	<b>WHY DID YOU LEAVE?</b> <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> RETIRED <input type="checkbox"/> PROMOTED <input type="checkbox"/> OTHER (EXPLAIN IN DETAIL) <b>DUTIES:</b>		

**Nepotism Policy-** The County shall employ no person in any position that places such person under supervision of another employee to whom such person is a relative. Definition of a relative- includes individuals who are related by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, grandchild, adopted or foster child, in-laws and step-relationships. A person may not be offered a position if employment would create either an actual conflict of interest or the appearance of a conflict of interest. Exceptions can be made; see the Cortland County Policy.

Do you have a relative or relatives as defined above working directly for Cortland County?  YES  NO

If you answered "yes", please list first and last names, relationship and department (if known). Use back of form if more space is needed.

Name	Relationship	Department(s) [if known]
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**FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL**

I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. I authorize the Personnel Officer of Cortland County, or his/her representatives, to obtain from all persons, schools, companies, corporations, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I acknowledge and consent to a State and National criminal background investigation which will include a fingerprint check to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

Signature \_\_\_\_\_ Date \_\_\_\_\_