SUSQUEHANNA VALLEY

CENTRAL SCHOOL DISTRICT

Assistant Superintendent

P.O. Box 200 **Conklin, New York 13748** **Phone (607) 775-9146**
Fax (607) 775-4575

Dear Instructional Personnel Applicant:

Thank you for your inquiry regarding instructional opportunities within the Susquehanna Valley Central School District and/or your interest in a current vacant position.

In order to be considered for an interview for a posted/advertised position, the following documents must be received by my office on or before the deadline date for application:

- **Letter of Interest**
- **Résumé**
- **Instructional Personnel Application**
- **Copy of N.Y.S. Certification(s)**
  - *Printed from the NYSED TEACH website, if necessary*
- **Three Letters of Recommendation**
- **OFFICIAL College Transcripts**

An Instructional Personnel Application is included with this letter. Please send your application materials to the following address:

Dr. Catherine Kacyvenski, Assistant Superintendent
Susquehanna Valley CSD
P.O. Box 200
Conklin, NY 13748

You may hand-deliver your application to the **District Office**, which is located in the High School building, 1040 Conklin Road, Conklin, NY 13748.

Please Note: New York State law requires that all personnel hired must be fingerprinted for employment and processed through the Office of School Personnel Review and Accountability (OSPRA), NYS Education Department. If you have not obtained your fingerprint clearance as part of your certification requirement, this must be completed prior to your appointment to the Board. Fingerprinting information and instructions are included within this packet.

Thank you for your interest in becoming part of our school community!

Yours truly,
Dr. Catherine Kacyvenski
Assistant Superintendent

Attachment

7/2/2024

FINGERPRINTING

INFORMATION & INSTRUCTIONS

New York State has implemented a Statewide Vendor Managed System, "SVMS," for all fingerprinting for civil purposes in state agencies, including for New York State public school employment. New York State has contracted with one vendor, **IdentoGO**, to provide this service.

- You must make an appointment online to have your fingerprint scanning done.
- There are **ABSOLUTELY NO WALK-INS**.

TO SCHEDULE YOUR FINGERPRINTING APPOINTMENT, FOLLOW THESE STEPS:

▶ Go to the **IdentoGO** website at www.identogo.com and follow the instructions

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▶ When asked for the Service Code:

- The **Service Code** for fingerprinting for employment in public schools is: **14ZGR7**

▶ The fee is: **$104.50**

▶ **On-Site Payment Methods:**

- **CREDIT CARD OR DEBIT CARD**

**** SAVE YOUR ORIGINAL RECEIPT FOR THE FEE****

▶ **Identification Required at Time of Appointment:**

- Bring two (2) forms of identification – one (1) must be a photo ID

▶ **VERY IMPORTANT:** You ***MUST*** call the Office of the Assistant Superintendent, at **607-775-9146**, and give the **DATE** that you were fingerprinted. Susquehanna Valley will obtain your clearance from the New York State Education Department / TEACH website, usually within 24-48 hours.

For Susquehanna Valley Educational Support Staff Association (SVESSA) ONLY:

Per the SVESSA contract: After six (6) months of permanent employment, the Susquehanna Valley Central School District will reimburse the fingerprinting fee to the employee.

Keep your receipt in a safe place. After 6 months of employment, please request a FP Reimbursement form from the Assistant Superintendents Office. Send your ORIGINAL receipt and the reimbursement form back to the Assistant Superintendent's Office. After processing, the reimbursement check will be sent to you.

Substitutes are not eligible for reimbursement.

Revision: 6/17/2026

SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT
P.O. Box 200, Conklin, NY 13748
TEL (607) 775-9146 ~ FAX (607) 775-4575 ~ www.svsabers.org

INSTRUCTIONAL PERSONNEL APPLICATION

POSITIONS DESIRED

☐ Elementary: Grade(s) _____

☐ Secondary: Subject(s) _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PRIMARY PHONE NUMBER

▼ Alternate Phone Number ▼

Social Security Number	- -	

PERMANENT ADDRESS	PRESENT ADDRESS, if different than PERMANENT
Street::	Street:
Apt. # :	Apt. # :
City:	City:
State, Zip:	State, Zip:

E-MAIL ADDRESS:

FOR OFFICE USE ONLY

NEW YORK STATE CERTIFICATION(S): YES ☐ NO ☐

Certification Area:		☐ Initial	☐ Professional ☐ Permanent	Effective Date:	
Certification Area:		☐ Initial	☐ Professional ☐ Permanent	Effective Date:	
Certification Area:		☐ Initial	☐ Professional ☐ Permanent	Effective Date:	

Enclose copies of ALL certifications / or verification from the N.Y.S. Education Dept., that your certification is forthcoming.

If **CERTIFICATION** status is **NO**, or **PENDING**, explain:

TENURE

· **Have you ever been GRANTED tenure: YES ☐ NO ☐**
***Please provide proof of granted tenure w/application**
· **Have you ever been DENIED tenure: YES ☐ NO ☐**

If YES, please list Tenure Area(s):

****Please provide proof of grated tenure with application**

EDUCATION

Name & Location of Institution	Major	Minor	Diploma, Degree, or No. of Credit Hrs. Completed
High School:			
College(s):			
Graduate Studies:			

Scholastic Honors: _____ High School _____ College _____ Graduate School

Check scholastic average of all college work: ☐ **A** ☐ **A-** ☐ **B** ☐ **B-** ☐ **C** ☐ **C-**

Check scholastic average in major field: ☐ **A** ☐ **A-** ☐ **B** ☐ **B-** ☐ **C** ☐ **C-**

EDUCATIONAL EXPERIENCE

List in chronological order from most recent position– include student teaching:

DATES		NAME & LOCATION OF SCHOOL	
From	To	Name ▸	
		Address ▸	
▼Position▼		Describe ▸ Position	

DATES		NAME & LOCATION OF SCHOOL	
From	To	Name ▸	
		Address ▸	
▼Position▼		Describe ▸ Position	

DATES		NAME & LOCATION OF SCHOOL	
From	To	Name ▸	
		Address ▸	
▼Position▼		Describe ▸ Position	

DATES		NAME & LOCATION OF SCHOOL	
From	To	Name ▸	
		Address ▸	
▼Position▼		Describe ▸ Position	

RELATED PROFESSIONAL EXPERIENCE

Educational travel, lectures, addresses, publications, professional memberships, participation in educational experiments, innovations, special programs, community service:

OTHER WORK EXPERIENCE (include summer work):

DATES		EMPLOYER	
From	To	Name ▸	
		Address ▸	
▼ Position ▼		Duties ▸	

DATES		EMPLOYER	
From	To	Name ▸	
		Address ▸	
▼ Position ▼		Duties ▸	

DATES		EMPLOYER	
From	To	Name ▸	
		Address ▸	
▼Position ▼		Duties ▸	

List any extracurricular activities that you would be willing to facilitate or coach:

List any periodicals and newspapers that you read on a regular basis, as well as any books that you have read during the past year:

List any hobbies and/or other interests:

REFERENCES

List the names of four persons who have observed your work as a teacher or as a student:

Name		Address	
Official Position			
Educational Institution		Phone	

Name		Address	
Official Position			
Educational Institution		Phone	

Name		Address	
Official Position			
Educational Institution		Phone	

Name		Address	
Official Position			
Educational Institution		Phone	

List college or placement agency where your confidential record may be obtained:

PERSONAL STATEMENTS (SEE NEXT PAGE)

I certify that all information provided on this application is true and complete.

***Signature:** _____ **Date:** _____

Note: Application is not valid without signature

New York State Law prohibits discrimination due to age, color, disability, national origin, race, religion, or sex.

- An Equal Opportunity Employer -

PERSONAL STATEMENTS

1. Describe your educational philosophy.

2. What do you want to accomplish as a teacher?

3. In your estimation, what are the most critical challenges facing education today and how will we overcome them?

Signature: _____ **Date:** _____

Updated: 7/12/2019