



**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT**

Office of the Assistant Superintendent

P.O. Box 200, Conklin, NY 13748

TEL (607) 775-9146 ~ FAX (607) 775-4575

[www.svsabers.org](http://www.svsabers.org)

Dear Support Staff Applicant:

Thank you for your inquiry regarding *non-instructional, Support Staff* employment opportunities within the Susquehanna Valley Central School District.

Please complete and mail ***both*** the attached **Support Staff Application** and a **Broome County Government Employees Application** (also available on the SV Website) to the following address:

Natalie Brubaker, Assistant Superintendent  
Susquehanna Valley CSD  
P.O. Box 200  
Conklin, NY 13748.

You may submit any other application materials along with your SV application.

You will be notified if you are under consideration for an available position, and the interview arrangements will be arranged. Otherwise, your application will be kept on file for a period of one year.

All non-teaching positions are Civil Service positions, and either NON-COMPETITIVE (no Civil Service Exam required) or COMPETITIVE (Civil Service Exam required). We suggest that you call or visit the Broome County Department of Personnel, or access their website, [gobroomecounty.com](http://gobroomecounty.com), to obtain information and/or clarification regarding job classifications, job descriptions, and Civil Service testing dates.

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

Yours truly,  
Natalie Brubaker  
Assistant Superintendent

Attachment

**Please Note:**

New York State law requires that all personnel must be fingerprinted for employment and processed through the Office of School Personnel Review and Accountability (OSPRA), NYS Education Department. A fee of **\$100.25** is required. If you accept employment with SV, you must complete the fingerprinting process before your appointment goes before the Board. Information and instructions on fingerprinting are included within this packet.

*February 6, 2019*



**SUPPORT STAFF APPLICATION**

PLEASE PRINT CLEARLY

Title of Position(s) Applying For			
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Custodial	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other:
<input type="checkbox"/> Aide/Spec.Ed.	<input type="checkbox"/> Laborer	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> PERMANENT ONLY
<input type="checkbox"/> Food Service	<input type="checkbox"/> Groundskeeping	<input type="checkbox"/> Bus Attendant	<input type="checkbox"/> <b>SUBSTITUTE / on call as needed for any position listed</b>

**NAME:**

Last	First	Middle Initial	Social Security Number

**LEGAL ADDRESS:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**MAILING ADDRESS, if different from Legal Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PHONE Numbers, including Area Code	Email Address
HOME	CELL
	Email Address (please print clearly)

<b>EDUCATION: Check LAST grade completed:</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name & Location of Institution	Diploma, Degree, or No. of Credit Hrs. Completed	Graduated? Yes or No
<b>High School:</b>		
<b>College(s):</b>		
Other Educational / Training		

**EMPLOYMENT EXPERIENCE:**

List all permanent employment since High School. List any part-time or temporary employment which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

<b>1.</b> Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Salary: Starting: _____ Final: _____ Hrs/Week: _____
Fully describe duties:
Reason for leaving:

<b>2.</b> Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Salary: Starting: _____ Final: _____ Hrs/Week: _____
Fully describe duties:
Reason for leaving:

**EMPLOYMENT EXPERIENCE - *continued*:**

<b>3.</b>	Employer:
Type of Business:	
Address:	
Your Position/Title:	
Supervisor's Name & Title:	
Dates of Employment:	From: _____ To: _____
Salary:	Starting: _____ Final: _____ Hrs/Week: _____
Fully describe duties:	
Reason for leaving:	

<b>4.</b>	Employer:
Type of Business:	
Address:	
Your Position/Title:	
Supervisor's Name & Title:	
Dates of Employment:	From: _____ To: _____
Salary:	Starting: _____ Final: _____ Hrs/Week: _____
Fully describe duties:	
Reason for leaving:	

**If more than 4, please list on a separate page and include with this application.**

**REFERENCES:**

<b>Name</b>		<b>Phone</b>	
<b>Position</b>			
<hr/>			
<b>Name</b>		<b>Phone</b>	
<b>Position</b>			
<hr/>			
<b>Name</b>		<b>Phone</b>	
<b>Position</b>			

For reference purposes, do you have any objections to our contacting present or past employers?    Yes     No

If YES, please comment:

**FINGERPRINT & CRIMINAL BACKGROUND CHECK REQUIREMENT:**

**SAVE Law:** Effective July 1, 2001, Education Law §§305(30), 3004-b, 3004-c and 3035, as amended by Chapter 180 of the Laws of 2000, and Part 87 of the Commissioner's Regulations require the Commissioner of Education to request a fingerprint-supported criminal history background check for applicants for certification as well as for prospective employees of school districts, charter schools and boards of cooperative educational services (BOCES). The Commissioner of Education carries out these responsibilities through the New York State Education Department's Office of School Personnel Review and Accountability (OSPRA).

Have you ever been convicted of a misdemeanor or felony?    Yes     No

If YES, please give particulars and disposition of charge(s):

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

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

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

✧ An Equal Opportunity Employer ✧

***This application will not be valid without your signature and date.***