



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

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:

Catherine Kacyvenski, 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, 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,
Catherine Kacyvenski
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 **\$101.75** 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.

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, **MorphoTrust**, to provide this service.

- You must make an appointment, online or by phone, to have your fingerprint scanning done.
- The closest location for appointments is located at 236 Chenango St., Suite A, Binghamton
- There are **ABSOLUTELY NO WALK-INS** at any of the locations.

TO SCHEDULE YOUR FINGERPRINTING APPOINTMENT, FOLLOW THESE STEPS:

- ▶ Go to the **MorphoTrust** website at www.identogo.com
 - Enter zip code, a map will come up of Identogo locations. Choose a location and follow directions to schedule an appointment.
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- ▶ **OR:** Call (877) 472 - 6915
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- ▶ You will be asked for a Service Code
 - The **Service Code** for fingerprinting for employment in public schools is: **14ZGR7**
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- ▶ The fee is: **\$101.75**
Breakdown as follows:
 - DCJS fee: \$75.00
 - FBI fee: \$13.25
 - MorphoTrust fee: \$13.50
 - **TOTAL FEE** \$101.75
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- ▶ **On-Site Payment Methods:**
 - **CREDIT CARD, CHECK or MONEY ORDER ONLY**

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

- ▶ **Identification Required at Time of Appointment:**
 - Bring two (2) forms of identification – one (1) must contain a photo.
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- ▶ **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.
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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 receipt and the reimbursement form back to the Assistant Superintendent's Office. After processing, the reimbursement check will be sent to you.



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"/> SUBSTITUTE / on call as needed for any position listed

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)	

EDUCATION: Check LAST grade completed:	6	7	8	9	10	11	12	13	14	15	16	17	18
	<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
High School:		
College(s):		
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.

1. Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Fully describe duties:
Reason for leaving:

2. Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Fully describe duties:
Reason for leaving:

EMPLOYMENT EXPERIENCE - *continued*:

3. Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Fully describe duties:
Reason for leaving:

4. Employer:
Type of Business:
Address:
Your Position/Title:
Supervisor's Name & Title:
Dates of Employment: From: _____ To: _____
Fully describe duties:
Reason for leaving:

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

REFERENCES:

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

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

If YES, please comment:

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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).

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.