



**\*(Custodial Only) Please briefly describe your skills and abilities:**

**Certified Teachers Only: Would you be interested in Home Teaching for the district?**  
**YES \_\_\_\_\_ NO \_\_\_\_\_ Preferred Subject Area \_\_\_\_\_**

**Certificates Held  
(Certified Teachers only)**


**References**

<b>Please Print</b>			
<b>Name</b>			
<b>Position</b>			
<b>Address</b>			
<b>Zip Code</b>			
<b>Telephone</b>			

If my application is accepted, I agree to the above conditions at the daily rate of **\$125.00 for non-certified teachers/teaching assistants and \$150.00 for certified teachers\***.  
Day-to-day Substitute Clerical, Paraprofessional and Custodian/Grounds will receive a rate of \$16.22 an hour.  
Home Teaching will receive a rate of \$40.00 an hour.

*I certify that all information contained in this application is true and correct. I further understand that any misstatement or omission of information is grounds for rejection of employment or if employed, termination from the East Hampton Union Free School District.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please Note: All employees are subject to background checks**  
**\* Certified teachers must provide a copy of their certification**

AN EQUAL OPPORTUNITY EMPLOYER

*The East Hampton UFSD is in compliance with all State and Federal regulations and does not discriminate in its employment promotional or educational practices on the basis of sex, sexual orientation, race, ethnic background, religion, handicapping condition or age.*

WEB SITE REVISED 07/14/10

EAST HAMPTON UNION FREE SCHOOL DISTRICT

District Office  
4 Long Lane  
East Hampton, NY 11937  
631-329-4100

STATE OF NEW YORK  
COUNTY OF SUFFOLK

**APPLICANT AFFIDAVIT**

\_\_\_\_\_ being duly sworn deposes and says:  
prospective employee, volunteer, student teacher or intern name

1. I am an applicant for a position as a \_\_\_\_\_ in the East Hampton Union Free School District. I make the following representations as a inducement to the district to consider my (please check the applicable box)

- Employment Application
- Volunteer
- Student Teacher
- Internship

2. I have been advised and understand that New York State law requires, as part of the application process for this position, that I receive clearance for employment from the New York State Education Department.
3. I have also been advised, and further understand, New York State law requires that, as part of the clearance process, and as a condition of my employment by the district, I be fingerprinted for the purposes of a criminal history check by authorized personnel of a designated fingerprinting entity.
4. I hereby represent to the East Hampton School District that I have already caused my consent form, fingerprint cards and requisite fee to be forwarded to the New York State Education Department as part of the clearance process.
5. I hereby further represent to the East Hampton School District that (check one or more)
  - The criminal history check will reveal that I have no criminal history;
  - The criminal history check will indicate that I have been convicted of a crime;
  - The criminal history check will indicate that I have a pending criminal charge.
6. If any of my answers to number (5) are in the affirmative, I hereby provide the following details explaining my answers (include, at a minimum, the date(s) of your conviction(s) and /or charges(s); for what crime(s) you were convicted or charged; the jurisdiction(s) by which you were convicted or charged; and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regard to the conviction(s).

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7. I further understand that my completion and submission of this Affidavit is just one part of the employment application process. I further understand that even if the results of my fingerprint check confirm my representations contained in this Affidavit, the district has no obligation to employ me. Finally, I certify that my statements in this Affidavit and in any explanatory enclosures, are, to the best of my knowledge and belief, true and correct; and that any omission and/or misstatement of any material fact(s) may be cause for the district to (a) refuse to hire me; (b) revoke an offer of conditional employment; and/or (c) terminate me if I have been hired.

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**Print name of applicant**

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**Date**

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**Notarized signature of applicant**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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**Notary Public**

# DISCLOSURE RELEASE FORM FOR APPLICATIONS

## INFORMATION RESOURCES

This is to inform you that as part of our procedure for processing your employment application, the hiring company may use **Information Resources**, an independent outside agency.

This agent may make an investigative report in which information is obtained through personal interviews with family member, business associates, financial sources, credit reporting agencies, friends, neighbors, educational institutions, courts, law enforcement agencies or other third parties with whom you are acquainted. This information will include inquires as to your characteristics or mode of living, whichever is applicable.

By signing the document below you are releasing any and all persons, companies or others from any liability whatsoever for this purpose.

You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation.

**Residents of California, Minnesota and Oklahoma only:** If a credit report is part of the background screening process, you have the right to receive a copy of it. Please mark the appropriate box.

I would like to receive a copy of my credit report, (applies only if the hiring company requests this service as part of your pre-employment screening):  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print: First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
All other names used (Aliases, AKA's, Maiden)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Full Name as it Appears on Driver's License

Voluntary Information (For Identification Purposes Only)

\_\_\_\_\_  
Date of Birth

**SECURITY SCREENING APPLICATION**  
**(Please type or print clearly and full in all information)**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name (Jr., Sr., Etc.)                      Date of Birth

\_\_\_\_\_  
List all other names used                      Social Security Number

\_\_\_\_\_  
Current Address                      City                      State                      Zip

\_\_\_\_\_  
Home Phone Number                      Driver's License or State ID Number/State

\_\_\_\_\_  
Professional License Number                      Type of Professional License                      State Issued

List all cities, states and the dates where you have lived for the past 7 years:

City	State	Dates From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

\_\_\_\_\_  
Name of High School                      City                      State

\_\_\_\_\_  
Name Used while attending                      Last Date Attended                      Graduate? Yes/ No                      GED/Location: \_\_\_\_\_

**List all Colleges and /or Universities that you attended::** \_\_\_\_\_  
Name used while attending

\_\_\_\_\_  
Name of College/University                      City/State                      Dates Left

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Record** Please continue listing your employment starting with most recent employer. List ALL full time and part time employment during the last (7) seven years. **May we contact your present employer?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Please fill out completely**

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

From \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Mo/Yr. \_\_\_\_\_  
 To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mo/Yr. Supervisor \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason Left \_\_\_\_\_

**References**

Reference Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Reference Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever been convicted of a crime other than traffic violations, or are you presently out on bail for an open pending case?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. (Nature of offense, court and city, case number)

\_\_\_\_\_  
 \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:**

**The completion of your Substitute Application must include the following:**

- 1. Notarized Waiver**
- 2. Security Screening Application  
must be  
completely filled out**
- 3. USA Passport and Driver License OR  
Drivers License and Birth Certificate or  
Social Security Card**
- 4. Fingerprints (fee applies) (see Kerri Stevens for packet)  
If you have been fingerprinted  
please complete a Clearance  
for Employment Form.**

**~Thank You~**