## PLEASE READ PRIOR TO COMPLETING YOUR EMPLOYMENT APPLICATION

Effective Immediately...<u>All</u> candidates for *Substitutes, Student Interns, Student Teachers* and *Volunteers* must complete the following requirements *prior* to submitting their applications for employment:

- Fingerprint Clearance Fingerprinting application and instructions can be found at: <a href="http://www.nysed.gov/educator-integrity/fingerprint-process">http://www.nysed.gov/educator-integrity/fingerprint-process</a> Note: Once you have been fingerprinted, please call Jamie Bowman, Secretary to the Superintendent, at 716-665-6624, option 4, with your social security number so she can access your fingerprint clearance from the TEACH Website.
- ✓ Sexual Harassment Training Please call Jamie Bowman at 716-665-6624, option 4, with your email address and an account will be set up for you allowing you to access the online training course.

Follow the steps below to complete your Falconer Central School Safety Training requirement: Using your web browser, go to the SafeSchools website for Falconer Central School – https://falconer-ny.safeschools.com/

**Enter Your Username**: first initial of first name and last name – i.e., Steve Martin – smartin Once you log into the site, click on the course title to begin the training. The course has audio, so be sure to turn up your speakers. You must complete each section of the course in order to receive full credit.

At the end of the video there will be a short quiz. Upon completion of the quiz, you will be issued a certificate. *Please include your certificate with your application*.

Thank you for your interest in the Falconer Central School District!

## FALCONER CENTRAL SCHOOL

## 2 East Avenue, N. Falconer, NY 14733

## **Extra-Curricular Application**

| Position Applying For:   |                                | **Please specify if this<br>– application is for a |  |  |
|--|--------------------------------|--|--|--|
| Date of mandatory fingerprinting / /   |                                | volunteer position                                 |  |  |
| Name   | Are you a U.S. Citizen? Yes No |  |  |  |
| (Last) (First)   |                                |  |  |  |
| Address (PO Box) (Street)  | (City/State)                   | (Zip Code)   |  |  |
| Home Phone Cell Phone  | · · · ·                        |  |  |  |
|  |                                |  |  |  |
| Email  |                                |  |  |  |
| <ul> <li>Former/Current Employers (beginning with most recent):</li> <li>Company Name</li> </ul> | Start Date                     | End Date   |  |  |
|  | Start Date                     | End Dute   |  |  |
| Position/Duties:   |                                |  |  |  |
| Company Name Position/Duties:  | _ Start Date                   | End Date   |  |  |

**<u>Please check</u>** (if applicable) any of the following courses you have completed and provide date taken:

(Please attach documentation to the application)

| AED/CPR         | Date         |                  | Philosophy            | Date |  |
|-----------------|--------------|------------------|-----------------------|------|--|
| First Aid       | Date         |                  | Health Science        | Date |  |
| Theory          | Date         |                  |                       |      |  |
| References:     |              |                  |                       |      |  |
| Professional    |              |                  |                       |      |  |
| • Name          |              | Address          |                       |      |  |
| Phone           |              | Title            |                       | _    |  |
| • Name          |              | Address          |                       |      |  |
| Phone           |              | Title            |                       | _    |  |
| <u>Personal</u> |              |                  |                       |      |  |
| Name            |              | Address          |                       |      |  |
| Phone           |              |                  |                       |      |  |
| Name            |              | Address          |                       |      |  |
| Phone           |              |                  |                       |      |  |
|                 | Have you eve | er been convicte | d of a crime? Yes     | No   |  |
|                 | Has an in    | vestigation ever | been conducted or pen | ding |  |
|                 |              |                  | ior employment? Yes   |      |  |
|                 |              |                  |                       |      |  |
| Applicant Signa | ature        |                  |                       | Date |  |

 $\checkmark$