

CHAUTAUQUA LAKE CENTRAL SCHOOL

100 N. Erie Street

Mayville NY 14757

“Charting the Course for the Future”



TO: Prospective Non-instructional employee

FROM: Superintendent

Thank you for your interest in the Chautauqua Lake Central School District.
In order to complete our screening process, you will need to complete the following:

1. Chautauqua County civil service application and Chautauqua Lake non-instructional employment application
2. Resume and three letters of reference
3. Form I-9
4. Fingerprint provisions of Project SAVE. Instructions are available at www.identogo.com. You will be asked for a service code, which is 14ZGR7. There is a fee which is payable to MorphoTrust (see attached sheet).

Once all paperwork is received, you will be contacted for an interview. Pending a successful interview, your name will be submitted to the Board of Education for approval. Within the first few days of employment, you will need to complete payroll information with Tammy Weise in the Business Office.

If you have any questions concerning the above procedures, please contact my secretary, Heidi Martin, at (716) 753-5808.

Thank you for your interest in our school system.



CHAUTAUQUA COUNTY APPLICATION FOR EMPLOYMENT AND EXAMINATION

COMPLETED AND SIGNED APPLICATION MUST BE PRINTED AND MAILED OR DELIVERED TO:
Human Resources, 3 N. Erie Street, Room 144, Gerace Office Building, Mayville, NY 14757-1007
Phone (716) 753-4237 • Website www.co.chautauqua.ny.us

Carefully read the appropriate announcement before completing this form. Answer all questions with complete and detailed information. An incomplete application may result in disqualification. This application is used for employment within Chautauqua County Civil Service and may be part of your examination. All statements are subject to verification. If you need assistance or reasonable accommodation in the application process, please contact our office. **Faxed or emailed applications are not accepted.**

It is the policy of the Chautauqua County Human Resources Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.

1. APPLICANT INFORMATION (Please Type or Print Legibly)

Exact Job or Examination Title:			Exam Number (number listed on announcement)	
Last Name:	First Name:	MI:	Social Security Number:	
<small>(Street)</small>	<small>(City)</small>		<small>(State)</small>	<small>(Zip Code)</small>
Mailing Address:				
Daytime Phone Number:	Other Phone Number:	Email Address:		
Please provide any other assumed name(s) or nickname(s) relevant to enable a check on your work record:				
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No, if YES , enter your date of birth: <small>mm/dd/yyyy</small>				

2. RESIDENCY/CITIZENSHIP: State your permanent legal residence and indicate how long you have continuously resided at the location up to the date of this application. IMPORTANT: This section may determine your residency for employment.

School District:	City/Village:	Town of:
County of:	State:	Resided for how long? Years: Months:
Residence Address: (ONLY , if different from your mailing)		

Are you a United States Citizen? Yes No Are you legally authorized to work in the United States? Yes No
Employment is contingent upon the provision of proof of the right to accept employment in the United States.

3. DRIVER'S LICENSE (ALL applicants must complete this section)

Do you have a valid New York State Driver's License? Yes No Do you have one from any other State? Yes No

If you have a valid Driver's License, please provide the following information:

State: Class: ID: Endorsements: Restrictions:

Do you have 5 or more years of Driving experience? Yes No

Have you been convicted of any motor vehicle violations (including speeding tickets) in the past five years? Yes No

If **YES**, please explain:

4. UNIFORMED APPLICANTS ONLY (Examples: Correction Officer, Court Security, Deputy Sheriff, Firefighter, and Police Officer)

Have you completed the Basic Police Officer Training or Sheriff's Academy? Yes No (if **YES**, please list the school under section 5)

Do you have a valid New York State Pistol Permit? Yes No DATE OF BIRTH: mm/dd/yyyy

Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

5. EDUCATION Positions and examinations may require specific course work. On an attached sheet, list the courses that you have completed. If you claim credit for a partially completed college curriculum attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send a transcript unless requested on the examination announcement.

Do you have a High School or Equivalency Diploma? Yes No If NO, indicate highest grade completed: _____
 Name of High School or Issuing Governmental Authority: _____

Name and Location of College, University, or Technical Schools	Course of Study (Major/Minor)	Credits Completed	Degree/Certificate Received	Degree/Certificate Received/Completed or Expected mm/yyyy

Complete the following question if a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement. Examples of Professional or Trade Licenses: Peace Officer, RPN, LPN, COTA, Wastewater or Water Treatment Plant Operator, Lifeguard, EMT, CPR and First Aid.
 If not currently licensed, check this box

Professional or Trade Licenses	License Number	Specialty	City or State Issued by	Registered mm/dd/yyyy
		Granted By		From: To:

6. GENERAL INFORMATION FOR APPLICANTS

Change of Address - You are responsible to notify this office of address changes. A change of address form is available from our website, www.co.chautauqua.ny.us (click on "Employment"), or our Mayville office. Failure to do so may delay, or prevent, our ability to send you important notices concerning an examination. We cannot make allowances for notices to candidates not received on a timely basis due to an improper or changed address.

Background Investigation - Applicants may be required to undergo a state and/or national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

How did you hear about this job?

- Posted Notice
 County Website
 College/School
 Community Organization
 Internet Website _____
 NYS Employment Office
 Newspaper _____
 Other _____

7. EMPLOYMENT AND EXPERIENCE: We will not refer to resumes or other applications on file. You are responsible for submitting an accurate, complete and clear description of your experience. If your title and duties changed within any employer, indicate such changes as separate experience. Include part time, volunteer and military experience, which may be prorated. *If more space is needed, attach an additional copy of this page.*

Most Recent EMPLOYER:	
Address:	Dates Employed: From <small>MO YR</small> To <small>MO YR</small>
Supervisor's Name:	Total Hrs. Per Week Earnings \$
Job Title:	Check the box if your duties included: <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Data Entry
List Job Duties:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER:	
Type of Business:	
Address:	Dates Employed: From <small>MO YR</small> To <small>MO YR</small>
Supervisor's Name:	Total Hrs. Per Week Earnings \$
Job Title:	Check the box if your duties included: <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Data Entry
List Job Duties:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER:	
Type of Business:	
Address:	Dates Employed: From <small>MO YR</small> To <small>MO YR</small>
Supervisor's Name:	Total Hrs. Per Week Earnings \$
Job Title:	Check the box if your duties included: <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Data Entry
List Job Duties:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER:	
Type of Business:	
Address:	Dates Employed: From <small>MO YR</small> To <small>MO YR</small>
Supervisor's Name:	Total Hrs. Per Week Earnings \$
Job Title:	Check the box if your duties included: <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Data Entry
List Job Duties:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. EXAMINATION APPLICANTS ONLY: (If **NOT** applying for an EXAM **SKIP** to section 9)

MULTIPLE EXAMS – Have you applied to take an examination with New York State, or any **other** County, Town, or City that will be held on the same date? **Yes** **No**. If **YES**, please attach a Cross-file Application Form located on our website under Forms and Applications or call our office to have one mailed to you.

EXAMINATION APPLICATION FEE/WAIVER – *Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."*

NO, I do not wish to apply for an EXAMINATION FEE WAIVER. Fee amount can be found on Examination Announcement **Enclosed** is a Check or Money Order Payable to the **DIRECTOR OF FINANCE**. **CASH** will not be accepted.

YES, I wish to apply for an EXAMINATION FEE WAIVER for this examination.

Check all boxes that apply to you:

- Unemployed **and** primarily responsible for support of a household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.**
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

VETERAN'S CREDITS – If you are serving, or have served in the armed forces of the United States on a full-time, active duty basis during wartime, you may be eligible to receive credits as a disabled or non-disabled veteran. To determine if you are eligible to claim veteran's credits, ALL of your answers must be "YES" to be eligible to claim veteran's credits.

Yes, I wish to apply for **VETERAN'S CREDITS** for this examination. (If **NO** skip to section 9)

Have you served in the Armed Forces of the U.S.A.? **Yes** **No** Active service dates mm/yyyy From: _____ To: _____

I expect to receive or already have received a discharge that was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes. **Yes** **No**

I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following time of War periods: **Yes** **No**

In the Armed Forces:
Dec. 7, 1941 to Dec. 31, 1946
June 27, 1950 to Jan. 31, 1955
Feb. 28, 1961 to May 7, 1975
Aug. 2, 1990 to the date when the Persian Gulf hostilities end

Or earned the armed forces, Navy, or Marine Corps expeditionary medal for service in:
Lebanon – June 1, 1983 to Dec. 1, 1987
Granada – Oct. 23, 1983 to Nov. 21, 1983
Panama – Dec. 20, 1989 to Jan. 31, 1990

Or in the U.S. Public Health Service:
July 29, 1945 to Sept. 2, 1945
June 26, 1950 to July 3, 1952

I am a United States citizen or an alien lawfully admitted for permanent residence: **Yes** **No**

I am a New York State Resident: **Yes** **No**

If you have answered YES to all the questions, please attach a Veterans Credit Application form, which can be found on our website under FORMS & APPLICATIONS tab, along with a copy of your DD214.

9. APPLICANT AFFIRMATION PLEASE READ AND SIGN

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

**CHAUTAUQUA LAKE CENTRAL SCHOOL
NON-INSTRUCTIONAL EMPLOYMENT APPLICATION**

Present position or status: _____

Will you accept part-time employment? _____ Yes _____ No

Are you will to work:

Evenings Yes _____ No _____

Nights Yes _____ No _____

Early Morning Yes _____ No _____

Weekends (custodian only) Yes _____ No _____

Holidays Yes _____ No _____

Reason for leaving present position _____

When will you be available for employment? _____

What is your present salary? _____ Prepared to accept? _____

Have you ever been dismissed from a position? _____ If yes, please give details.

REFERENCES (Please include direct supervisors with whom you have worked)

NAME	POSITION	ADDRESS	PHONE

**CHAUTAUQUA LAKE CENTRAL SCHOOL
NON-INSTRUCTIONAL EMPLOYMENT APPLICATION CONTINUED**

Please describe your qualifications as they apply to the position you are applying for.

Applications should also include the following information:

Resume
Three letters of reference

Return to: Superintendent
Chautauqua Lake Central School
100 North Erie Street
Mayville, NY 14757

The Chautauqua Lake Central School District does not discriminate in its employment and admission to programs and activities as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The Chautauqua Lake Central School District's Compliance Officers are: Megan Lundgren, Elementary Principal, 716-753-5842, mlundgren@clake.org, and Jackson Graham, Business Executive, 716-753-5874, jgraham@clake.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone 646-428-3800, fax 646-428-3843, email: OCR.NewYork@ed.gov.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Fingerprint Process

Effective as of July 1, 2020

On **July 14, 2017**, the ORI TEACH will no longer be in use. You must use the URL or phone number below to schedule your fingerprinting appointment.

All fingerprinting required by the Education Department for certification or employment in schools must be scheduled with MorphoTrust/IDEMIA. There are two ways to schedule an appointment:

a. Click on the appropriate URL from this table below:

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employment	https://uenroll.identogo.com/workflows/14ZGR7

b. Call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment. Provide the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employment	14ZGR7

Follow all instructions and make payment as necessary. The total fingerprint fee as of **January 1, 2022** is **\$101.75**.