

**Mahopac Central School District**  
179 East Lake Boulevard, Mahopac, New York 10541  
Phone: (845) 628-3415 ~ Fax: (845) 628-5502

**Continuous Recruitment/Registered Professional Nurse (School)  
(SUBSTITUTE)**

The Mahopac Central School District is seeking substitute applicants for:

***Registered Professional Nurse (SCHOOL)***  
***Salary: \$ 120.00 Per Day***

**HOW TO APPLY:**

Fill out the attached Putnam County Civil Service Application in full, sign and date the last page. Your application will be reviewed to ensure your minimum qualifications are in accordance with those of Putnam County Department of Civil Service for the position. Submit the completed application with a copy of your current New York State Registered Nurse License either by hand delivery to the Human Resources Office @ 179 East Lake Boulevard, Mahopac, NY (Office Hours are Monday through Friday, 8:00am to 4:00pm), or you may submit your application and license via email to [lynchl@mahopac.org](mailto:lynchl@mahopac.org).

The District will continuously accept applications for Registered Professional Nurse (School) substitutes. Substitutes are hired based upon the staffing needs of the District and therefore, applicants will be contacted directly for further movement in the hiring process. Interviews will be scheduled with applicants whose minimum qualifications are in accordance with those of Putnam County Department of Civil Service. The District will retain applications on file for a period of up to one (1) year.

***Thank you for applying to the Mahopac Central School District!***

The Mahopac School District is an Equal Opportunity Employer

Putnam County Civil Service Job Specifications and Application Attached



## **REGISTERED PROFESSIONAL NURSE (SCHOOL)**

**DISTINGUISHING FEATURES OF THE CLASS:** This is a professional nursing position involving responsibility for giving care to students and performing related nursing services such as pupil health screening and notification of defects and communicable disease control requiring judgment and skills. This position differs from the certified position of School Nurse-Teacher in that there is no responsibility for either classroom instruction or guidance involved. Work is performed under the general direction of a School Medical Supervisor or School Physician. Supervision may be exercised over the work of clerical assistants. Performs related work as required.

**TYPICAL WORK ACTIVITIES: (Illustrative only):** Assists the School Physician in physical, visual and auditory screening examinations of students; Administers first aid and emergency treatment to students; Prepares and maintains health records for school authorities; Assists at school immunization clinics; Arranges to transport sick or injured students or employees to hospital, home, doctor's or dentist's office in cases of emergency; Inspects the school plant, playground and cafeteria and reports on general safety and sanitary conditions; Orders, inventories and oversees the storage of first aid and related health supplies and equipment; Consults with attendance personnel, staff members and school nurse-teachers concerning a variety of health factors related to non-attendance and communicable disease; Prepares records and reports as required; Performs a variety of related activities as required. *Typical Work Activities are intended only as illustrations of possible types of work that might be appropriately assigned to an incumbent of this title. Work activities that do not appear above are not excluded as appropriate work assignments, as long as they can be reasonably understood to be within the logical limits of the job.*

**FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:** Good knowledge of nursing principles and techniques and their relation to medical practices and skill in their application; working knowledge of materia-medica, dietetics, sanitation and personal hygiene; skill in the application of nursing techniques and practices; ability to understand and follow technical, oral and written instructions; ability to keep records and make reports; ability to get along well with students, teachers, parents and others; ability to carry out successfully the measures prescribed; ability to plan and supervise the work of sub-professional and non-technical personnel.

**MINIMUM QUALIFICATIONS:** Completion of an accredited course of training for Registered Nursing and possession of a license to practice as a Registered Professional Nurse in New York State at time of appointment and throughout employment.

**SPECIAL REQUIREMENT FOR APPOINTMENT IN SCHOOL DISTRICTS:** In accordance with the Safe Schools Against Violence in Education (SAVE) legislation, Chapter 180 of the Laws of 2000, and by the Regulations of the Commissioner of Education, candidates for appointment in school districts must obtain clearance for employment from the State Education Department prior to employment based upon a fingerprint and criminal history background check.

Non-Competitive Class





# Putnam County ★ New York

# APPLICATION

## for EMPLOYMENT

### POSITION TITLE

### POSTING or JOB APPLICATION?

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.  
BE SURE TO ANSWER ALL QUESTIONS COMPLETELY & CAREFULLY. USE INK OR TYPE.

RETURN COMPLETED APPLICATION TO:  
Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512

#### 1. Name and Legal Residence ~ PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY	STATE	ZIP CODE COUNTY

#### 2. Mailing Address (if different from Legal Residence)

STREET ADDRESS (P.O. BOX ACCEPTABLE)	CITY	STATE	ZIP CODE
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#### 3. Telephone, E-Mail, and Other Residence Information (please indicate landline(L) or cell phone(C) number)

PRIMARY TELEPHONE (AREA CODE & NUMBER)	SECONDARY TELEPHONE (AREA CODE & NUMBER)	E-MAIL ADDRESS
TOWN OF RESIDENCE		SCHOOL DISTRICT

#### 4. Employment Eligibility: ▪ Do you have the legal right to accept employment in the United States? ☐ Yes ☐ No

▪ Are you under 18 years of age? ☐ Yes ☐ No *Proof of employment eligibility will be required upon Employment.*

#### 5. Are you or have you ever been a volunteer firefighter? ☐ Yes ☐ No If Yes: From \_\_\_\_\_ To \_\_\_\_\_

#### 6. Check the appropriate box to the right of each question:

- |                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. Have you ever resigned from any employment rather than face dismissal?                                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)?                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E. Are there any arrests or criminal accusations currently pending against you?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8½" x 11" sheets if

*None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which application is being made.*

DO NOT WRITE BELOW – FOR CIVIL SERVICE USE ONLY			DATE RECEIVED:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> CONDITIONAL	
LOGGED BY: OTHER:			

PUTNAM COUNTY PERSONNEL DEPARTMENT  
110 OLD RTE. 6, BLDG#3\*CARMEL NY 10512\*  
TEL 845 808-1650\*FAX 845 808-1923  
www.putnamcountyny.com



**7. Education:**

- **High School:** Have you graduated from high school? Yes ☐ No ☐

If Yes, name & location of high school: \_\_\_\_\_

If High School Equivalency Diploma: \_\_\_\_\_ Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_

• **Post High School Education:**

	Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
College, University, Professional or Technical School					
Other School or Special Courses					

**Partially Completed Course of Study:**  
If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

**Indicating Specific Coursework:**  
If the Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

**Transcripts:**  
If the Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

- 8. Licenses:** If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

**Name of Trade or Profession:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Dates of Validation:** From \_\_\_\_\_ To \_\_\_\_\_ **Licensing Agency** \_\_\_\_\_ **City/State** \_\_\_\_\_

- 9. Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in

New York State? Yes ☐ No ☐ **License No.** \_\_\_\_\_ **Class** \_\_\_\_\_ **Date of Expiration** \_\_\_\_\_

Special License Endorsements: \_\_\_\_\_

- 10. Contacting Employers:** For reference purposes, may we contact your present employer? Yes ☐ No ☐ Past employers? Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

- 11. Performance Tests:** If you have taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

TYPING	DATA ENTRY	911 DISPATCHER	LANGUAGE ORAL	OTHER (Describe)
_____ MO / YR	_____ MO / YR	_____ MO / YR	_____ LANGUAGE MO / YR	_____ MO / YR

*It is the responsibility of the applicant to provide documentation of successful completion of performance tests.*

- 12. Other Examinations:** Have you taken any examinations given by this department? Yes ☐ No ☐

If yes, list titles and dates: \_\_\_\_\_

- 13. Veterans Status:** If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran<sup>1</sup> of the Armed Forces of the United States,<sup>2</sup> then you may be eligible for certain benefits.<sup>3</sup> To claim Veterans Status, active duty members of the Armed Forces must submit proof of active duty status<sup>4</sup> (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

<sup>1</sup> "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

<sup>2</sup> The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or 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.

<sup>3</sup> "Active duty status" means full-time, active duty other than active duty for training purposes.

- I am a ☐ Veteran ☐ Disabled Wartime Veteran ☐ Active Service Member.

- Check below to indicate your area(s) of service, and provide time period(s) of service:

Time Period of Service (From Mo/Yr - To Mo/Yr)		
World War II, US Public Health Service	December 7, 1941 – December 31, 1946	
Korean Conflict	June 27, 1950 – January 31, 1955	
US Public Health Service	June 26, 1950 – July 3, 1952	
Vietnam Conflict	February 28, 1961 – May 7, 1975	
Hostilities in Lebanon*	June 1, 1983 – December 1, 1987	
Hostilities in Grenada*	October 23, 1983 – November 21, 1983	
Hostilities in Panama*	December 20, 1989 – January 31, 1990	
Persian Gulf Conflict	August 2, 1990 – present	

**14. Employment Experience: Read The Following Instructions Before Completing This Section:**

- **Order:** List *most recent* employment first.
- **What to List:** Any and all employment.
- **Professional Experience:** Indicate whether or not professional experience occurred *after* your professional degree or coursework.
- **Volunteer/Unpaid Work:** List *volunteer or unpaid experience* only if noted as qualifying experience for the position or job posting. Describe volunteer/unpaid work the same way as paid work, and write "unpaid" in "Earnings."
- **Military Experience:** If you have had *military service that included experience pertinent to the position*, list that experience.
- **Changes in Status:** If your title or duties changed significantly during your service in any one organization, list such changed status separately.
- **Duties:** In the "Duties" section, describe duties in detail; the nature of work personally performed by you; estimate percentage of time spent on each type of work. If more space is needed, you may attach 8½" x 11" sheet(s) of paper.
- **Supervisory Experience:** For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

**You are responsible for submitting an accurate, adequate, clear description of your experience**

**Omissions or vagueness will NOT be interpreted in your favor ~ If more space is needed, you may attach 8½" x 11" sheet(s) of paper**

LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			



**AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:  
\_\_\_\_\_

**PERJURY STATEMENT: APPLICANTS—PLEASE BE ADVISED:**

Any and all statements made by the applicant in connection with Application for Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law, **IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**APPLICATION COMPLETION CHECKLIST ... DID YOU ... ?**

- ☐ Read, Sign and Date the *Affirmation And Authorization For Release Of Personal Information*, above?
- ☐ Enter the *Title* for the Position for which you are filing (top of application form)?
- ☐ Enter your *Social Security Number* (in Section 1, Page 1 of this application form)?

**WAIT!**

**IMPORTANT APPLICANT INFORMATION**

**CHANGE OF ADDRESS:** Putnam County Personnel Department must receive *written notification of any change of address and/or telephone number* in order to communicate important employment information to you. Please note the title of position in your letter.

**DRUG & ALCOHOL TESTING:** In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you will be required to submit to urinalysis, breath and/or blood tests to be considered for County employment.

**FINGERPRINTING:** As of January 1, 2019, all prospective employees of Putnam County will be required to undergo a digital fingerprint background check at a cost of approximately \$100 to be borne by applicant.

**EQUAL OPPORTUNITY:** In compliance with the **New York State Human Rights Law**, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, **no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record** in connection with employment. Putnam County is an Equal Opportunity – Affirmative Action employer.

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheet(s).

Rev. January 2019