Mahopac Central School District

179 East Lake Boulevard Mahopac, New York 10541 Phone (845) 628-3415 Fax (845) 628-5502



FROM: The Office of Human Resources

DATE: September 18, 2020 **SUBJECT:** Posting of Positions

The Mahopac Central School District is seeking candidates for the following positions:

SCHOOL BUS AIDES

Salary: \$ 14.86 Per Hour
As per USWOM Bargaining Agreement

HOW TO APPLY:

Interested and qualified applicants are required to complete the application packet and submit it to via email to Lisa Lynch (lynchl@mahopac.org) in the Office Of Human Resources by 3:00PM, TUESDAY, 9/29/20:

- 1) Putnam County Civil Service Application for Employment
- 2) Authorization for Criminal Record

The Mahopac Central School District is an equal opportunity employer. Putnam County Civil Service Job Specifications are included below.

cc: All Building Principals – PLEASE POST

Mr. Anthony DiCarlo, Superintendent of Schools

Ms. Sandra Clohessy, Assistant Superintendent for Business

Dr. Greg Stowell, Assistant Superintendent for Pupil Personnel and Educational Services

Mr. Michael Tromblee, Asst. Supt. for Curriculum, Instruction and Professional Development

Mr. Edward Caperna, USWOM Unit

(SCHOOL BUS AIDE) (Labor Class/School Districts)

DISTINGUISHING FEATURES OF THE CLASS:

This is routine work of ordinary difficulty involving responsibility for overseeing the loading and unloading of student passengers and for administering to their needs, comfort and conduct while in transit on bus trips to and from school. Supervision is exercised over the conduct of student passengers as needed. Performs related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Rides on school bus for the purpose of assisting pupils to climb aboard and alight from bus; Seats and places student passengers as required; May operate a lift to load and unload handicapped student passengers and secures restraint devices and wheelchair locks; Maintains order on bus and makes certain that student passengers are seated while bus is in motion; Assists students and driver as needed; Performs a variety of related activities as required.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good powers of observation; familiarity with the various bus routes in the district and their stopping places for students; ability to understand and follow oral and written directions; ability to get along well with students and command their respect; working knowledge of first aid methods; dependability.

MINIMUM QUALIFICATIONS:

None is required.

A copy of this posting is also available online under "Human Resources" at: http://www.mahopac.k12.ny.us

Deadline for submission is 3:00pm on Tuesday, September 29, 2020

THE MAHOPAC CENTRAL SCHOOL DISTRICT IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



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 Residen | Ce ~ PLEASE NOTI | IFY PUTNAM C | OUNTY PER | SONNEL DEPAR | TMENT IN WRI | TING IMMED | IATELY IF ANY | OF YOUR IN | IFORMATION | CHANGES |
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| STREET ADD | RESS (P.O. BOX NOT ACCEP | TABLE) | | CITY | | | STATE | ZIP CODE | COUNTY | | |
| 2. Mailing | Address (if differe | ent from Legal | Residence | :) | | | | | | | |
| | | | | | | |] | | | | |
| STREET ADDR | RESS (P.O. BOX ACCEPTABL | E) | CITY | | | | STATE | ZIP CODE | | | |
| 3. Telepho | one, E-Mail, and Otl | ner Residence | Informatio | n (please | indicate la | ndline(L) or | cell pho | ne(C) numb | er) | | |
| PRIMARY | TELEPHONE (AREA CODE | & NUMBER) | SECONDARY | TELEPHONE | (AREA CODE & N | NUMBER) | | E-M | AIL ADDRES | is . | |
| | | | | | | | | - | | | |
| | TOWN O | FRESIDENCE | | | | | sc | HOOL DISTRICT | | | |
| i. Employi | ment Eligibility: * | Do you have the | e legal right | to accep | t employmen | t in the Unit | ed States | ? □ Yes □ |] No | | |
| | s , | Are you under 1 | 8 years of | ngo2 🗀 V | √on □ No. n | | | | | | |
| | or have you ever be | | | | s □ No If | Yes: From | | · | То | | |
| | ne appropriate box | | | | | | | | | | |
| | you ever dismissed | | | | | other than I | ack of wo | rk or funds? | | Yes 🗖 | No 🗆 |
| | you ever resigned fr you ever been conv | | | | | | | | | Yes 🗆 | No 🗆 |
| | you ever forfeited ba | | | | | court to ans | wer to an | v criminal ab | 00000 | Yes 🗆 | No 🗆 |
| E. Are th | ere any arrests or cr | riminal accusation | ons current | v pending | against vou | 1? | wei to aii | y Chiminal Cr | larye : | Yes □ Yes □ | No □ No □ |
| If you ans | wered "YES" to any q | uestion(s) above | e, piease use | the space | e below to aiv | e specifics | lf you elec | t not to provi | de an exp | lanation | |
| be disqua | lified, or if such explai | nation is insuffici | ent, you ma | y be requi | red to submit | further inform | nation. Att | ach additiona | al 8½" x 1 | 1" sheets if | , a may |
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PUTNAM COUNTY PERSONNEL DEPARTMENT
110 OLD RTE. 6, BLDG#3*CARMEL NY 10512*
TEL 845 808-1650*FAX 845 808-1923
www.putnamcountyny.com

| If Wish Cahool E | iquivalency Diologo | ruing Governmental Australia | h., | | | | |
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| or Technical | | | | | | | |
| School | | | | | | | |
| | | | | | | _ | |
| Other School | | | | | | | |
| or Special | | 1 | | | | | |
| Courses | | | | | | | |
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| Partially Comple | eted Course of Study: | Indicating Specific | Coursework: | | Transcr | pts: | |
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| of courses and credit | 's completed, and indicate | work, do so on an a | | requires | that you provide Required degre | a transcni os and/or e | ot, please |
| | requirements. | 29 | industrial distribution | ocha one. | will be ver | ified. | oursewori |
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| Licenses: If a lice | nse, certificate or other auth | norization to practice a tra- | de or profession is a | requirement | for the position | for which | VOLLare |
| applying, please pr | ovide the following informat | tion; | • | | - p | | , |
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| | FromTo | | | | | | |
| Driver License: A | Driver License may be a re | equirement for certain pos | itions. Do you have a | valid licens | e to operate a r | notor vehi | cle in |
| | | | | | l l | ate of | |
| New York State? | Yes □ No □ Licen: | se No. | | Class | Ехр | iration | |
| Special License El | ndorsements: | | | | | | |
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| | esponsibility of the applica | | | mpletion of | performance te | sts. | 2 |
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- Order: List most recent employment first.
- What to List: Any and all employment.
- rofessional 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.
- Dutles: 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 f | avor ~ If more space is needed | , you may attach 8½" x 11" sheet(s) of paper |
|--|------------------------------|--------------------------------|--|
| LENGTH OF EMPLOYMENT | FIRM NAME | ADDRESS | CITY, STATE |
| FROM / TO / MO YR | 1 | | |
| MO YR MO YR TYPE OF BUSINESS | DUTIES | | <u></u> |
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AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Ey 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)?

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.

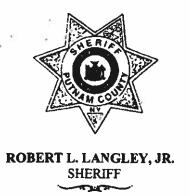
DRUG & ALCOHOL TESTING: In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you will be required to submit to urinalysis, breath and/or blood tests to be considered for County employment.

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



PUTNAM COUNTY OFFICE OF THE SHERIFF AND CORRECTIONAL FACILITY THREE COUNTY CENTER CARMEL, NEW YORK 10512 845-225-4300



Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

| Date: | |
|-----------------------------------|------------------------|
| Name: | DOB: |
| Maiden Name/Other names use | ed: |
| Address: | City State Zip . |
| Street # / PO Box | City State Zip . |
| Height: Eye Color:_ | MALE OR FEMALE |
| NEW YORK STATE DRIVER'S L | ICENSE ID # |
| | Signature of applicant |
| | Date |
| Reason Record Check Required:_ | |
| Agency Requesting Record: | |
| Address: | |
| Signature of Person Requesting Re | ecord: |
| PLEASE ATTACH DRIVER'S LICI | ENSE TO APPLICATION. |