

# SPACKENKILL UNION FREE SCHOOL DISTRICT

Human Resources - 15 Croft Road  
Poughkeepsie, New York 12603  
(845) 463-7800

## APPLICATION FOR TUTORING

The Spackenkill Union Free School District does not discriminate on the basis of age, race, gender, creed, color, national origin, marital status or disability in admission or access to treatment or employment in the programs and activities which it provides. Information, including complaint procedures, is available at the offices of the Superintendent to any individual who believes that his/her rights may have been violated by the District or its officials.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a member of the NYS retirement system? Yes, Ret. No. \_\_\_\_\_ No

Social Security No. \_\_\_\_\_ Citizen of U.S.? Yes No

Have you had your fingerprints taken for a school district? Yes, Date \_\_\_\_\_ ☐ No

Gender (circle one) Male / Female / Non-binary / Prefer Not to Answer OR  
Choose from drop-down menu below:

TEACH ID #: \_\_\_\_\_

### PREPARATION

<u>Degree</u>	<u>Major</u>	<u>Name of College</u>
_____	_____	_____
_____	_____	_____

### CERTIFICATION **(MUST PROVIDE A COPY OF CERTIFICATION)**

<u>Type</u>	<u>State</u>	<u>Qualifies For</u>
_____	_____	_____

If no certification, what are you qualified to teach? \_\_\_\_\_

### TEACHING EXPERIENCE

<u>School(s)</u>	<u>Grade/Subject</u>	<u>Date(s)</u> Begin	End
_____	_____	_____	_____
_____	_____	_____	_____

### **PLEASE CHECK DESIRED SCHOOL(S) BELOW:**

☐ Nassau Elementary School (Gr. K-2) 7  
Nassau Road  
Poughkeepsie, NY 12601 463-7843

☐ O. A. Todd Middle School (Gr. 6-8)  
11 Croft Road  
Poughkeepsie, NY 12603 463-7830

☐ Hagan Elementary School (Gr. 3-5) 42  
Hagan Drive  
Poughkeepsie, NY 12603 463-7840

☐ Spackenkill High School (Gr. 9-12)  
112 Spackenkill Road  
Poughkeepsie, NY 12603 463-7810

**PROFESSIONAL REFERENCES** *(Please list a minimum of 3 references - friends or relatives are not acceptable)*

Name	School District/Firm	Position	Email	Phone

Did you graduate from Spackenkill High School? ☐ Yes - Year \_\_\_\_\_ ☐ No

Do you have a valid license to operate a motor vehicle in New York State? ☐ Yes ☐ No

Have you ever been found guilty of charges brought pursuant to an Education Law §3020 proceeding any other disciplinary proceeding? ☐ Yes ☐ No If yes, please give the specifics of the charge(s) of which you were found guilty, the penalty you received and when the determination as to guilt and penalty were made.

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ Yes ☐ No

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

If yes, please explain \_\_\_\_\_

If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain \_\_\_\_\_

*\* The District reserves the right to diligently confirm this information.*

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

Please note that you will be notified when your name has been placed on the active substitute list. Should your phone number or availability change, please contact our office.

**FOR OFFICE USE ONLY**

**REFERENCE CHECK INFORMATION**

<u>Name</u>	<u>Comments</u>	<u>Date Contacted</u>

Date Interviewed \_\_\_\_\_ Comments \_\_\_\_\_

Administrator's/Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted for Board of Education Approval \_\_\_\_\_

Date of Final Clearance granted \_\_\_\_\_

**OFFICE USE ONLY**

Interviewed \_\_\_\_\_  
Reference Ck \_\_\_\_\_  
Fingerprinted \_\_\_\_\_