

Mahopac Central School District

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

POSTING

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

- 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.

2. Other Examinations: Have you taken any examinations given by this department? Yes No

If yes, list titles and dates: _____

3. Veterans Status: If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran¹ of the Armed Forces of the United States,² then you may be eligible for certain benefits.³ To claim Veterans Status, active duty members of the Armed Forces must submit proof of active duty status⁴ (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.

¹ "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.

² 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.

³ "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 |
| Public Health Service | June 26, 1950 - July 3, 1952 |
| Vietnam Conflict | February 28, 1961 - May 7, 1975 |
| Operations in Lebanon* | June 1, 1983 - December 1, 1987 |
| Operations in Grenada* | October 23, 1983 - November 21, 1983 |
| Operations in Panama* | December 20, 1989 - January 31, 1990 |
| Gulf Conflict | August 2, 1990 - present |

- **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)?

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**



**ROBERT L. LANGLEY, JR.
SHERIFF**

**KEVIN M. CHEVERKO
UNDERSHERIFF**

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 used: _____

Address: _____
 Street # / PO Box City State Zip

Height: _____ **Eye Color:** _____ **MALE OR FEMALE**

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: _____

Agency Requesting Record: _____

Address: _____

Signature of Person Requesting Record: _____

PLEASE ATTACH DRIVER'S LICENSE TO APPLICATION.