

NEWBURGH ENLARGED CITY SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES
124 GRAND STREET, NEWBURGH, NY 12550
845-563-3460/www.newburghschools.org

CIVIL SERVICE INFORMATION

YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL WE RECEIVE REFERENCES & FINGERPRINTS. ENTIRE APPLICATION MUST BE COMPLETED BEFORE PROCESSING.

Dear Applicant,

Below is the procedure to apply for a Civil Service position with the Newburgh Enlarged City School District. When submitting the application, the following items are required:

1. Please provide a Letter of Interest (included in this packet or available on the District website) for each position you are applying for.
2. **Please provide two forms of identification.** A copy of your Social Security Card **and** Driver's License **or** U.S. passport is acceptable.
3. Please include two current references with phone # and email address. We need to verify credentials and/or character; therefore, this information must be completed.
4. If you do not already have a fingerprint application on file with the New York State Education Department, you will have to be fingerprinted before you can become employed. Instructions for fingerprinting are attached. Please note, if you had fingerprints processed through any organization *other than* the New York State Education Department, they cannot be accepted.
5. If you would like to enroll in direct deposit, please be sure to include a voided check or letter from your bank that includes your name, routing number and account number – payment cannot be processed without this. Your first check will be a paper check mailed to your home address on file, your following payments will be deposited into your bank.
6. Provisional, Part-Time and Temporary employees have the option to join NYSLRS. If you would like to join please complete the included application. If you do not wish to join, please sign the declination form. If you decline now you can chose to join at any time.
7. **Please be sure to include an email address on your documentation.**

Please return your completed application and all requested documentation to:

- The Board of Education, Department of Human Resources, 124 Grand Street, Newburgh, NY 12550
- OR**
- Email to Tabatha Capodiferro, Department of Human Resources: tcapodiferro@necsd.net

Your paperwork will be reviewed by the Human Resources department and then you will be contacted.

Letter of Interest

Date: _____

Do you have a job application already on file? Yes No

We will keep your application on file for 1 year. We do not canvas your application when we have vacancies. You must submit this form for each position you are interested in applying for. It is not necessary to complete an application for each interested position. If you do not have an application on file, you must complete one and submit it with this form. You may attach a resume as well.

Name: _____

Address: _____

City, State, Zip: _____

Office use only

Eligible: _____

Sent to: _____

Date: _____

Telephone where you may be reached: _____

Posting Name: _____ Position applying for: _____

Location of position: _____

Are you an active district employee? _____

Where do you currently work? _____

What is your current position? _____

What related experience do you have for this position? _____

Are you on a Newburgh Enlarged City School District eligible civil service list? If so, what list(s)? _____

If applying for a **Teaching Assistant** position you must submit proof of certification or proof of passing the exams and proof of application to NYS Education Department.

If applying for a **School Monitor** position you must have your license and proof of your 8 hour and 16 hour course completion, High School diploma or GED.

NEWBURGH ENLARGED CITY SCHOOL DISTRICT
124 GRAND STREET
NEWBURGH, NEW YORK 12550
An Equal Opportunity Employer

HUMAN RESOURCE OFFICE

TEL (845) 563-3460

APPLICATION FOR EMPLOYMENT

The Newburgh City School District operates all programs in compliance with Federal law which prohibits discrimination because of race, color, religion, sex, age, national origin or handicap.

COMPLETE IN FULL OR APPLICATION WILL NOT BE RETAINED

DATE: _____

NAME: _____ **Email:** _____

(Last Name First) Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.

ADDRESS: _____
Street City State Zip

PHONE NUMBER _____ **SOCIAL SECURITY NUMBER** _____ **CITIZEN U.S.A?** _____

DO YOU HAVE A DRIVER'S LICENSE? _____ **DO YOU HAVE TRANSPORTATION?** _____

EMPLOYMENT DESIRED

Position(s) applied for _____ **Rate of pay expected \$** _____ **per week**

Would you work Full-Time? _____ **Part-Time?** _____ **Specify days and hours if part-time** _____

Were you previously employed by us? _____ **If yes, when?** _____

If your application is considered favorably, on what date will you be available for work? _____

RECORD OF EDUCATION

| School | School Name & Address | Check Last Year Completed (Circle one) | | | | Did you Graduate? (Circle one) | |
|---------------------------------|-----------------------|---|---|---|---|-----------------------------------|----|
| Elementary | | 5 | 6 | 7 | 8 | YES | NO |
| High | | 1 | 2 | 3 | 4 | YES | NO |
| GED | Date Received: | | | | | YES | NO |
| College (List Degree and Major) | | 1 | 2 | 3 | 4 | YES | NO |

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ **If yes, what Branch?** _____
Dates of duty: From _____ To _____ **Rank at discharge:** _____

List below your last three employers, beginning with your most recent.

| Name and Address of Company and Type of Business | From | | To | | Describe the work you did | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|------|----|----|----|---------------------------|------------------------|--------------------|--------------------|--------------------|
| | Mo | Yr | Mo | Yr | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name and Address of Company and Type of Business | From | | To | | Describe the work you did | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
| | Mo | Yr | Mo | Yr | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name and Address of Company and Type of Business | From | | To | | Describe the work you did | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
| | Mo | Yr | Mo | Yr | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

May we contact the employers listed above? ____ If not, indicate by no, which one(s) you do not wish us to contact

PROFESSIONAL REFERENCES (Preferably a Supervisor, not former Co-Workers or Relatives) – Please note your references will be contacted.

| Name and Occupation | Address | Phone Number | Email Address |
|---------------------|---------|--------------|---------------|
| | | | |
| | | | |

*All Three Questions Below Must Be Answered (Circle Answer)

| | | |
|--|-----|----|
| Have you ever been convicted of a crime (misdemeanor or felony) other than traffic violations? | Yes | No |
| Are any criminal charges or proceedings pending against you? | Yes | No |
| Can we request under Public Law 91-508 a copy of criminal records? | Yes | No |

PHYSICAL RECORD

Explain any existing physical or mental condition which would adversely affect your ability to substantially perform the duties of this position you seek. (Answer is Optional)

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

DATE _____ SIGNATURE _____

Applications are retained in the District’s active file for one year. At the end of one year they are destroyed unless updated by calling the Human Resources Office.

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2026****Step 1:**
Enter
Personal
Information

| | | |
|--|-----------|--|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |
| Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information. | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 **3(a)** \$

(b) Multiply the number of other dependents by \$500 **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here **3** \$

Step 4:
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

Exempt from
withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

| | | |
|--|------------------|---|
| First name and middle initial | Last name | Your Social Security number |
| Permanent home address (number and street or rural route) | Apartment number | Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> |
| City, village, or post office | State | ZIP code |
| | | Married, but withhold at higher single rate <input type="checkbox"/> |
| Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box. | | |

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes ☐ No ☐Are you a resident of Yonkers? Yes ☐ No ☐**Before making any entries, see Note, and if applicable, complete the worksheet in the instructions.**

| | | |
|--|---|--|
| 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) | 1 | |
| 2 Total number of allowances for New York City (from line 31, if using worksheet) | 2 | |

Use lines 3, 4, and 5 to have additional withholding per pay period under special agreement with your employer.

| | | |
|-------------------------|---|--|
| 3 New York State amount | 3 | |
| 4 New York City amount | 4 | |
| 5 Yonkers amount | 5 | |

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

| | |
|----------------------|------|
| Employee's signature | Date |
|----------------------|------|

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **0** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mmddyyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐If Yes, enter the date the employee qualifies (mmddyyyy):

| | |
|---|--------------------------------|
| Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.) | Employer identification number |
|---|--------------------------------|

www.tax.ny.gov/it2104i-2026

**APPLICANT AUTHORIZATION
FOR
RELEASE OF INFORMATION**

In connection with my application for employment with the Newburgh Enlarged City School District, I authorize my present and former employers and any educational, professional, or licensing agency to respond to a request from:

**Newburgh Enlarged City School District
124 Grand Street
Newburgh, New York 12550**

For verification of statements I have made on the job application form regarding my qualifications and employment history.

Applicant Name (Please Print)

Signature

Date

Other name(s) by which you have been known:



Payroll Department
124 Grand Street
Newburgh, NY 12550
(845) 563 - 3440

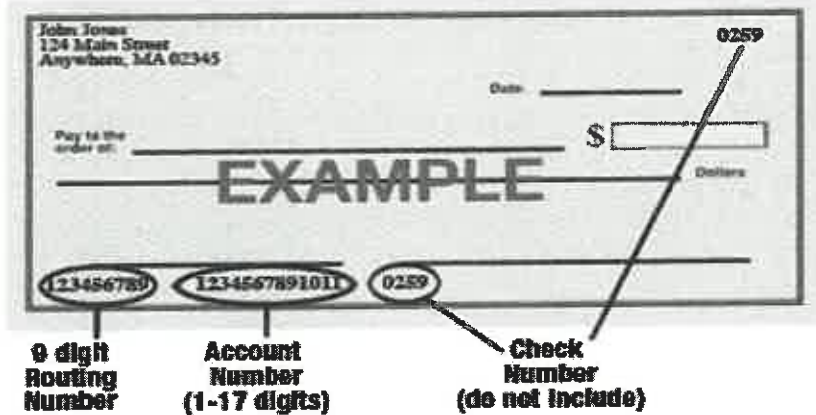
Direct Deposit Authorization Form

Name: _____ ID # _____

Address: _____
City, State Zip

Phone: _____

*** You Must Attach A Voided Check or Printout From Your Bank ***



| | |
|--------------------------|--|
| Primary Deposit Account: | Check One - <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Name of Bank: _____ | |
| Routing Number | Account Number |
| Full Net Amount | |

Employee Signature: _____ Date: _____

| | |
|---------------------------|---|
| Payroll Use Only: | Verification Method |
| Employee's Initials _____ | <input type="checkbox"/> Phone <input type="checkbox"/> In Person-ID <input type="checkbox"/> HR Onboarding |



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number <div></div> | | Employee's Email Address | | Employee's Telephone Number | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | |
| | | <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) | | | | |
| | | If you check Item Number 4. , enter one of these: | | | | |
| | | USCIS A-Number | | OR | Form I-94 Admission Number | |
| | | | | OR | Foreign Passport Number and Country of Issuance | |
| Signature of Employee | | | | Today's Date (mm/dd/yyyy) | | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | | OR | List B | AND | List C |
|---|--|--|--|-----|---------------------------------------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | | Additional Information | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 | | <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, sex, 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, sex, 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 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 | | <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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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 | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| | | | |
|--|--|--|----------------|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) | |
| 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | |

| | | | |
|--|--|--|----------------|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
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| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | |

| | | | |
|--|--|--|----------------|
| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
| Date (<i>mm/dd/yyyy</i>) | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
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| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) | |
| Additional Information (Initial and date each notation.) | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | |

Fingerprint Process

Effective as of July 1, 2020

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 (link is external) |
| Employment | https://uenroll.identogo.com/workflows/14ZGR7 (link is external) |

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 **May 1, 2024 is \$102.50**.

| ENTITY | FEE |
|--------------------|----------|
| DCJS | \$75.00 |
| FBI | \$13.25 |
| MorphoTrust/IDEMIA | \$14.25 |
| Total | \$102.50 |

If you have any questions, please contact the NYSED Fingerprint Helpdesk at:
ospra@nysed.gov(link sends e-mail) or call (518) 473-2998.



OSPRA 102
(Updated: 04/09/2024)

**Consent Form for
Clearance for Employment Request**
(To be retained by Covered School)

**Office of School Personnel Review and
Accountability (OSPRA)**
New York State Education Department
Website: <https://www.nysed.gov/educator-integrity>

******* IMPORTANT NOTICE *******

Covered Schools: The OSPRA 102 Consent Form for Clearance for Employment Request ensures that the prospective employee, who has been fingerprinted before for NYSED or NYCDOE purposes, has been provided with and reviewed the OSPRA 100 Form which includes the FBI's Privacy Act Statement. This form is to be retained by the covered school for their own records as proof of same. Do not send this form to OSPRA. All requests for clearance for employment are done through the Department's TEACH system. Covered schools must use the online TEACH system to request clearances for employment for their own prospective employees and prospective employees of their contract service providers in accordance with 8 NYCRR Part 87. Covered schools may only submit fingerprint clearance requests for prospective employees.

**Instructions
for
Applicants:**

- Please **completely** fill out sections 1 and 2 of this form which will be retained by your prospective employer. Type or print all information and sign and date at the end.

SECTION 1

| | | | |
|-------------------------|----------------------|--------------------------------|---|
| Social Security Number: | | Date of Birth: (mm/dd/yyyy) | Applicant's Full Name (First, Middle, Last, and Suffix if any): |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Mailing Address: | | | |
| <input type="text"/> | | | |
| City: | State: | Zip: | Telephone number & area code: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of Covered School: | | Position Applied for: | |
| <input type="text"/> | | <input type="text"/> | |

SECTION 2

1. I am applying for Clearance for Employment in a covered school and have been fingerprinted before for New York State Education Department or New York City Education Department purposes, and I understand this form will be retained by the covered school as part of my application.
2. I have read and been provided with a copy of the "Fingerprinting Information and Instructions" (OSPRA 100 Form) issued by the State Education Department.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of a determination on a Clearance for Employment as a condition of my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Department's regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Applicant Signature: _____ Date: _____

Covered School's
Fingerprint Coordinator: _____ Date: _____



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Received Date

Social Security Number *

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Employees' Retirement System Membership Registration

RS 5420

(Rev. 11/22)

| Plan | Tier | Rate | Date of Membership (mm/dd/yyyy) | | |
|------|------|------|---------------------------------|--|--|
| | | | | | |

Registration Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

| | | | | |
|---|-----|----------------------------|-------|--|
| Employee's Last Name: | | First Name: | | Middle Initial: |
| Employee's Address: | Apt | City | State | Zip Code |
| Former Name: (if applicable) | | Date of Birth (mm/dd/yyyy) | | Sex |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X |
| Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, please indicate name of system: _____ | | | | |
| Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, please indicate name of system: _____ | | | | |
| (NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees') | | | | |

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

| | | | | | |
|--|-----|---|-------|-----|------|
| Employer's Name: | | Employer's Telephone: | | | |
| Newburgh Enlarged City School District | | 845-563-3460 | | | |
| Employer's Address: | | Employer's Fax Number: | | | |
| 124 Grand Street Newburgh, NY 12550 | | 845-563-3468 | | | |
| Job Code [1] | | Employee Classification | | | |
| | | <input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem | | | |
| | | <input type="checkbox"/> Regular [2] <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time | | | |
| Hire Date [3a] | | Date of Full-Time Permanent Appointment [3b] | | | |
| Month | Day | Year | Month | Day | Year |
| | | | | | |
| Location Code | | Standard Workday [4] | | | |
| 7 0 0 3 2 | | | | | |
| For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes | | | | | |

Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

Employee's Telephone Number:

Employee's Email Address:

NEWBURGH

ENLARGED CITY SCHOOL DISTRICT

Vision: Through the work of all, we will achieve inclusive excellence.

Mission: Inspiring students to become tomorrow's leaders beyond Academy Field

MEMO: To Civil Service Substitute, Part-Time, Provisional or Temporary Employees

RE: New York State Employees Retirement Availability

Please be advised that you CAN elect to join the New York State employees' Retirement System. It is NOT mandatory for Provisional, Temporary or Part-Time employees to join.

If you ELECT to join the NYSERS, you will be required to contribute 3% of your annual salary, paid bi-weekly, to the NYSERS. You must complete a NYSERS Membership application in order to be effective. You can call the Human Resource Office to obtain a membership application at 845-563-3460.

Please give a careful consideration before submitting the membership application because once you are a member, you CANNOT terminate your membership as long as you continue to be employed by an employer that participates in the Retirement System.

If you DO NOT elect to join at this time, please complete the bottom portion of this form and return it to the Human Resource Office.

DECLINATION OF NYSERS MEMBERSHIP

_____ I do not want to join the New York State Employees' Retirement System. I understand I may elect to join at a later date.

Printed Name

Employees Signature

Date