



# EDGEMONT UFSD

EHS ~ 200 White Oak Lane, Scarsdale, New York 10583

(914) 723-1000 FAX (914) 725-1057

Greenville ~ 100 Glendale Road, Scarsdale, New York 10583

(914) 472-7760 FAX (914) 472-7785

Seely ~ 51 Seely Place, Scarsdale, New York 10583

(914) 472-8040 FAX (914) 472-3512

## EMPLOYMENT APPLICATION

POSITION: Substitute Teacher    Teaching Assistant    Teacher Aide    Student Chaperone    Translator    Coach

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES    NO                      ARE YOU A VETERAN? YES    NO

ARE YOU A VOLUNTEER FIRE FIGHTER? YES    NO

IF NOT A U.S. CITIZEN, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT YES    NO

### EDUCATION:

NAME OF INSTITUTE% LOCATION INCL. HIGH SCHOOL, BUSINESS SCHOOL, ETC. – List most recent first	DATES FROM - TO	DEGREE OR DIPLOMA & DATE REC'D	AREA(S) OF SPECIALIZATION

**EMPLOYMENT EXPERIENCE: LIST MOST RECENT EXPERIENCE FIRST**

EMPLOYER AND ADDRESS	DATES FROM - TO	TYPE(S) OF POSITION	REASON FOR LEAVING

What special skills do you have? \_\_\_\_\_

Do you have certification/license? \_\_\_\_\_ If yes, indicate area: \_\_\_\_\_

What days are you available? \_\_\_\_\_

Have you been fingerprinted and cleared by the State Education Department after July 1, 2001? YES NO

I have received and read the "New Health Insurance Marketplace Coverage" \_\_\_\_\_ (initials)

**ADDITIONAL INFORMATION:**

## REFERENCES

Give three references, including those people who have had direct supervision of your work. If presently employed, include your present employer.

NAME	POSITION	PRESENT ADDRESS	PHONE # / EMAIL ADDRESS
1.			
2.			
3.			
4.			
PLEASE PLACE AN ASTERICK (*) BEFORE THOSE REFERENCES WE SHOULD NOT CONTACT UNTIL YOU GIVE PERMISSION.			

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

1. Have you ever been convicted of a crime (other than minor traffic violations)? YES      NO
2. Are any criminal charges pending against you for any offense (other than minor traffic violations)? YES      NO
3. Have you ever been discharged from a position? YES      NO
4. Have you ever resigned as an alternative to facing charges or dismissal? YES      NO
5. Has the Family Court or any court ever rendered a finding indicating that you have abused or neglected a child?  
YES      NO
6. Are you related to anyone employed by the Edgemont Union Free School District? YES      NO

If yes, who and state relationship (list all):

7. Do you have any relatives or close friends working for the Edgemont School District or serving on the Board of Education? (A 'close friend' is someone whose relationship to you is sufficiently close to create a reasonable possibility that the current employee would be less than entirely objective in evaluating you for employment, or in supervising and/or evaluating you if you are hired? YES      NO

If yes, who and state relationship (list all):

*Note: If a close or significant relationship exists, it is your responsibility and obligation to disclose the existence of this relationship. The existence of a family or other close relationship will not be an automatic bar to initial employment or to continued employment, but will be considered as a factor in evaluating whether an actual or apparent conflict of interest is likely to arise, and in evaluating the feasibility of safeguards to avoid an actual or apparent conflict of interest.*

*I certify that to the best of my knowledge all information provided in this application is accurate. I understand I am submitting this application for public employment in the Edgemont Union Free School District, and that the School District may rely on truthfulness of the information I am providing, and that falsified information may be the basis for future discipline or termination of employment.*

\_\_\_\_\_   
Date

\_\_\_\_\_   
Applicant's Signature

**EQUAL OPPORTUNITY POLICY STATEMENT:** *The consideration for employment and the hiring of new employees as well as the promotion, assignment, and transfer of previously hired employees shall in no way be influenced, affected, or determined on the basis of race, creed, sex, color, age, marital status, national origin, gender orientation, military veteran status, or membership in or holding of office in an employee association or union. Also, in compliance with Section 504 of the Rehabilitation Act of 1973, as amended June 3, 1977, and Title II of the Americans with Disabilities Act, the Edgemont Union Free School District does not discriminate on the basis of disability in admission or access to, or employment in, the school district's programs and activities.*



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [swschp.org](http://swschp.org) or call 888-779-7247

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name EDGEMONT UNION FREE SCHOOL DISTRICT		4. Employer Identification Number (EIN) 13-6007119	
5. Employer address 300 WHITE OAK LANE		6. Employer phone number 914-472-7767	
7. City SCARSDALE	8. State NY	9. ZIP code 10583	
10. Who can we contact about employee health coverage at this job? ANNE McMAHON			
11. Phone number (if different from above)		12. Email address amcmahon@mail.edgemont.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time and equivalent full-time, part-time teachers/administrators 6 and above,  
part-time teacher aides with 3 years of service

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, domestic partners, children under age twenty-six and disabled dependent children

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.