



# EDGEMONT UNION FREE SCHOOL DISTRICT

300 White Oak Lane Scarsdale, New York 10583 (914) 472-7768 FAX (914) 472-6846

*If space is insufficient, add additional sheets as necessary*

### Applicant Information

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Education - Honors

Please list any special academic honors you have received.

| Honors | College/University |
|--------|--------------------|
|        |                    |
|        |                    |
|        |                    |

**Years of Educational Experience:** \_\_\_\_\_

Combine all years of educational experience, including other public school districts, BOCES, and college or university experience.

### Employment History

Please list most recent position first.

| Employer / Address / Telephone Number | Dates From and To | Nature of Position | Final Salary / Reason for Leaving Position |
|---------------------------------------|-------------------|--------------------|--|
|                                       |                   |                    |  |
|                                       |                   |                    |  |
|                                       |                   |                    |  |

Have you ever held teaching tenure in another New York State public school district? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_ Date tenure awarded \_\_\_\_\_

Have you ever been found guilty of Section 3020-a Education Law charges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach an explanation.

Were you ever denied tenure at an educational institution in New York State or elsewhere?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach an explanation.

Other teaching experience: (Student teaching, college teaching, professional lectures, civic or volunteer work.) \_\_\_\_\_

With what pupil activities have you been involved? In what capacity? \_\_\_\_\_

Work experience outside of education that you consider relevant to your teaching skills. \_\_\_\_\_

## General Background

What foreign languages do you read? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

What foreign languages do you speak? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

What professional magazines, journals, and/or websites do you read regularly? \_\_\_\_\_

To what professional / work organizations do you belong? (Please describe your participation in these organizations.) \_\_\_\_\_

If you have any articles published, please list them here and identify where published:  
\_\_\_\_\_

List community organizations in which you have been an active participant: \_\_\_\_\_

Briefly list major school clubs, activities, or sports you are qualified to sponsor or advise: \_\_\_\_\_

Please answer "Yes" or "No" to the following questions:

1. Have you ever pleaded guilty to or been convicted of a criminal felony or a misdemeanor? Yes ( ) No ( ). If "Yes," please submit a separate sheet with a description of the offense, the date, and the name of the jurisdiction (state, territory or country) where the offense was prosecuted.
2. Are any criminal charges pending against you for any offense (other than minor traffic violations)? Yes ( ) No ( ). If "Yes," please submit a separate sheet describing the charges and the status of the case.

*A "Yes" answer to either Question # 1 or Question # 2 above will **not** automatically disqualify you from employment, but we may have further questions for you.*

3. Have you ever been discharged from a position? Yes ( ) No ( )

If yes, please identify the employer and the reason given for discharge:  
\_\_\_\_\_

4. Have you ever resigned as an alternative to facing charges or dismissal? Yes ( ) No ( )

If yes, please identify the employer and the reason given for discharge:  
\_\_\_\_\_

5. Has any court or agency ever rendered a finding indicating that you have abused or neglected a child?

Yes ( ) No ( ) If "Yes," please describe on a separate sheet.

6. Are you related by blood or marriage to anyone employed by the Edgemont Union Free School District? Yes ( ) No ( )

If "Yes," please identify the person in question and state the 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," please state identify the person in question and state the relationship (list all):  
\_\_\_\_\_

8. **All applications for employment are subject to reference checks.** You should be prepared to identify and provide contact information for at least four people who can evaluate your personal qualities and your characteristics as an employee, with particular emphasis on your qualities as an educator. You may provide this information now on a separate sheet, or at a later date.

*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.*

I have received and read the "New Health Insurance Marketplace Coverage"

\_\_\_\_\_ (initials)

Revised 6/2015



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## 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           DISTRICT OFFICE - 914-472-7767          

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

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 teachers, teaching assistants, clerical staff members, nurses, technology staff members, custodial staff members, and administrators.  
Part-time teachers and administrators with an FTE of .6 and above.  
Part-time teacher aides.

- 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.