

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

COSMER
(LAST NAME)

ROBERT
(FIRST NAME)

J.
(INITIAL)

Sex: Male Female

Social Security No. [REDACTED]

Date of Birth: 5/10/67

Place of Birth: AMSTERDAM

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No. 847601

Are you a member of New York State Employees' Retirement? Yes No Retirement No. 11 12 97

Have you ever served in the armed forces? Yes No If yes, what branch? 390

Dates of duty: _____ to _____ Rank at discharge _____
month day year month day year

Active Reserve obligation: Yes No If yes, number of months _____

Have you every been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of SR. High School DEAN OF STUDENTS in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 8th

day of August 2005

[Signature]
(Signature)

23 Park Creek Dr.
(Address)

Bronx Hills, NY 12027

399-2860
(Telephone)

Bobbie DeLong
District Clerk or Notary Public



TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Criscone

Nicholas

J

(LAST NAME)

(FIRST NAME)

(INITIAL)

Sex:

Male

Female

Social Security No.:

[Redacted]

Date of Birth:

08-15-1973

Place of Birth:

Albany, Ny

Are you a member of New York State Teacher Retirement? Yes No

Teacher Retirement No.:

Are you a member of New York State Employees' Retirement? Yes No

Retirement No.:

Have you ever served in the armed forces? Yes No

If yes, what branch?

Dates of duty:

Month Day Year to Month Day Year

Rank at discharge

Active Reserve obligation: Yes No

If yes, number of months

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full:

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Principal in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this

day of _____, 20____

[Signature]

(Signature)

18 Komar Dr

(Address)

Ballston Lake, Ny 12019

578 669 8857

(Telephone)

(District Clerk or Notary Public)

KN

7/16/12
Admin
High
School

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

0916545
9/1/01

BEDNAREK
(LAST NAME)

PETER
(FIRST NAME)

J
(INITIAL)

Sex: Male Female

Social Security No.: [REDACTED]

Date of Birth: 2-20-78

Place of Birth: Buffalo, NY

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No.: 2855474

Are you a member of New York State Employees' Retirement? Yes No Retirement No.: _____

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: _____ to _____ Rank at discharge _____
Month Day Year Month Day Year

Active Reserve obligation: Yes No If yes, number of months _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of High School Principal in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 17th
day of July, 20 12

Peter J. Bednaruk
(Signature)

2235 W. Glenville Rd.
(Address)

Amsterdam, NY 12010

518-399-4048
(Telephone)

Bobbe DeLong
(District Clerk or Notary Public)

1143

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Geniti (LAST NAME) John (FIRST NAME) J (INITIAL)

Sex: Male Female Social Security No. [REDACTED]

Date of Birth: 12/21/72 Place of Birth: Long Island, New York

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No. _____

Are you a member of New York State Employees' Retirement? Yes No Retirement No. _____

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: _____ to _____ Rank at discharge _____
month day year month day year

Active Reserve obligation: Yes No If yes, number of months _____

Have you every been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Physical Educator in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 5th

John J. Geniti
(Signature)

day of September, 1995

P.O. Box 8, Fonda, N.Y. 12068
(Address)

Gretchen E. Wukits
~~District Clerk~~ Notary Public

853-4198
(Telephone)

GRETCHEN E. WUKITS
Notary Public, State of New York
Qualified in Schenectady County
My Commission Expires ~~March~~ 30, 1996
4765756 April



Admin
8/20/14

A2020151

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Federico (LAST NAME) Tonya (FIRST NAME) D (INITIAL)

Sex: Male Female Social Security No.: [REDACTED]

Date of Birth: 2/14/75 Place of Birth: Albany, NY

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No.: _____

Are you a member of New York State Employees' Retirement? Yes No Retirement No.: 0868012 9/1/98

Have you ever served in the armed forces? Yes No If yes, what branch? _____ NY

Dates of duty: _____ to _____ Rank at discharge _____
Month Day Year Month Day Year

Active Reserve obligation: Yes No If yes, number of months _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of principal in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 20th day of August, 2014

[Signature]
(Signature)

1507 Regent St.
(Address)

Niskayuna, NY 12309

487-9981 370-7933
(Telephone)

[Signature]
(District Clerk or Notary Public)

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Fyvie
(LAST NAME)

Thomas
(FIRST NAME)

W.
(INITIAL)

Sex: Male Female

Social Security No. [REDACTED]

Date of Birth: 04/06/78

Place of Birth: Schenectady, NY 12308

Are you a member of New York State Teacher Retirement? Yes ^(9/4/01) No Teacher Retirement No. _____

Are you a member of New York State Employees' Retirement? Yes No Retirement No. _____

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: _____ to _____ Rank at discharge _____
month day year month day year

Active Reserve obligation: Yes No If yes, number of months _____

Have you every been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Teaching Assistant in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 4th

Thomas W. Fyvie
(Signature)

day of September ~~19~~ 2001

831 Bedford Rd.
(Address)

Schenectady, N.Y. 12308

(518) 382-8222
(Telephone)

Janet M. Neary
District Clerk or Notary Public

JANET M. NEARY
Notary Public, State of New York
No. 01NE5082196
Qualified in Schenectady County
Commission Expires 07/21/23



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TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Nofri (LAST NAME) Christine (FIRST NAME) T (INITIAL)

Sex: Male Female Social Security No.: [REDACTED]

Date of Birth: 08/06/75 Place of Birth: Utica, NY

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No.: 10180000

Are you a member of New York State Employees' Retirement? Yes No Retirement No.: 9/5/2000

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: _____ to _____ Rank at discharge _____
Month Day Year Month Day Year

Active Reserve obligation: Yes No If yes, number of months _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Special Education Teacher in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 2nd

day of August, 2007

Christine T. Nofri
(Signature)

113 Hampton Pl. Blvd
(Address)

Troy, NY 12180

(518) 283-5177
(Telephone)

[Signature]
(District Clerk or Notary Public)



Not joining Tchrs. Retirement

FOR OFFICE USE ONLY

When were you born? May 24 1969 Place of Birth Glensville PA
month day year

Sex: Male Female

Height: 5 ft. 11 in.

Weight: 190 lbs.

What is your marital status? single engaged married separated divorced
 widowed

How many dependents do you have (including yourself)? None

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
month day year month day year

Active Reserve Obligation: Yes No If yes, number of months _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?
 Yes No

If yes, describe in full _____

PLEASE PRINT

EAGAN Thomas W
(Last Name) (First Name) (Initial)

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Physical Education teacher in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn to before me this 7th
day of August, 1991

Thomas W Eagan
(Signature)

119 E 4th Ave, Johnstown N.Y. 12095
(Post Office Address)

Gretchen E. Wukits
Dist. Clerk, Notary Public

GRETCHEN E. WUKITS
Notary Public, State of New York
Qualified in Schenectady County
My Commission Expires March 30, 1992
4765756 April

Admin

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit F _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G _____

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div>
1 Type or print your first name and middle initial. Last name <i>Thomas W Eagan</i>		2 Your social security number <div style="background-color: black; color: black;">XXXXXXXXXX</div>
Home address (number and street or rural route) <i>1565 Division St</i>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <i>West Charlton NY 12010</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5 3</div>
6 Additional amount, if any, you want withheld from each paycheck		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6 \$</div>
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small>		Date <i>3/17/09</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

I hereby acknowledge that I have been informed by Scotia-Glenville Central School District, my employer, that as a "teacher" not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for the 1991 school year, I may, as a matter of right, join the New York State Teachers' Retirement System.
(YEAR)

I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective.

As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to said Retirement System and furthermore, as a member of said Retirement System, I will be required to contribute to Social Security.

8/7/91
Date

Thomas W. Egan
Signature

#3062 6/28/07

TO BE COMPLETED BY ALL NEWLY-HIRED EMPLOYEES

PLEASE PRINT

Giaquinto
(LAST NAME)

Andrew
(FIRST NAME)

M
(INITIAL) *Admin*
7/6/07

Sex: Male Female

Social Security No. [REDACTED]

Date of Birth: 9-8-60

Place of Birth: Niskayuna, NY

Are you a member of New York State Teacher Retirement? Yes No Teacher Retirement No. _____

Are you a member of New York State Employees' Retirement? Yes No Retirement No. 4148843-8

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: _____ to _____ Rank at discharge _____
month day year month day year

Active Reserve obligation: Yes No If yes, number of months _____

Have you every been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

OATH OF ALLEGIANCE

(Required by Section 3002 of the Education Law and Section 62 of the Civil Service Law)

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York and that I will faithfully discharge, according to the best of my ability, the duties of the position of Burner Manager in the Scotia-Glenville Central Schools, to which I am now assigned.

Sworn before me this 28th

[Signature]
(Signature)

day of June 2007

9 Cider Mill Dr.
(Address)

Clifton Park, NY 1206

Bobbie DeLong
District Clerk or Notary Public

518-373-9826
(Telephone)



SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT
Scotia, New York 12302

State of New York)
) ss:
County of Schenectady)

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New York, and that I Will faithfully discharge the duties of the office of:

Superintendent of Schools

According to the best of my ability.

Signature: Susan M. Spartz, Superintendent

Residence Address: 22 Oak Hill Drive
Glennville, New York 12302

Subscribed and sworn to before
me this 13th day of July, 2020.

Bobbie DeLong
District Clerk

Scotia-Glenville Central School District
Scotia, New York 12302