



**OSPRA 101** (05/09/08)

Please return to City School District  
of Albany 1 Academy Park Albany  
N.Y. 12207  
Attention : Human Resources

**Ph: (518) 475-6057**

*For Fiscal Use Only  
Leave Blank*

### SECTION 1

Social Security Number:

Name (Last, First, Middle Initial):

Mailing Address:

City:

State:

Zip:

Telephone number & area code:

Date of Birth (00/00/0000):

State or Country of Birth:

Height:

Weight:

Sex:

Race:

Hair:

Eyes:

### SECTION 2

Please choose (✓) one of the following (or both, if applicable):

☐ I am or will be applying for Teacher or Administrator Certification

☐ I am applying for Clearance for Employment

### SECTION 3

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_