



Employment Application

POSITION PREFERENCE

We recognize & support staff as our most important resource.

POSITION APPLYING FOR _____

TYPE OF EMPLOYMENT: Full-time Part-time Temporary/Summer Intern

ARE YOU WILLING TO BE A SUBSTITUTE? Yes No

MINIMUM ACCEPTABLE SALARY : \$ _____ DATE AVAILABLE : _____

HOW DID YOU LEARN OF THIS VACANCY: _____

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

FORMER NAMES: _____
(for purposes of verifying work & education records)

MAILING ADDRESS: _____

PRIMARY PHONE #: () _____

SECONDARY PHONE #: () _____

EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY, CONTACT: _____
(Name) (Phone)

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? Yes No

If yes, what system? _____

What is your membership number? _____

HAVE YOU EVER BEEN OR ARE YOU CURRENTLY AN EMPLOYEE OF THIS BOCES? Yes No

PLEASE CHECK PREFERRED WORK LOCATION(S):

TECHNICAL & CAREER EDUCATION:

- FLTCC (Stanley)
- WTCC (Williamson)

SPECIAL EDUCATION:

- FLSS (Rushville)
- MEC (Midlakes)
- NEC (Newark)
- RJEC (Shortsville)
- WEC (Williamson)

OTHER:

- P-TECH (Phelps)

HUMAN RESOURCES
Eisenhower Building
131 Drumlin Court
Newark, New York 14513-1863

Phone: 315-332-7296
Fax: 315-332-7373
Email: hrjobs@wflboces.org

CERTIFICATION / PROFESSIONAL LICENSE

I hold the New York State Teaching / Administrative Certificate(s) described below (provide copy):

	Area	Date Issued	Expiration Date
<input type="checkbox"/> Permanent/Professional	<input type="checkbox"/> Provisional/Initial Certificate	_____	_____
<input type="checkbox"/> Permanent/Professional	<input type="checkbox"/> Provisional/Initial Certificate	_____	_____
<input type="checkbox"/> Other (specify) _____			

If you do not have a New York State Teaching Certificate, have you applied for one? Yes No

If certified in another state, please describe: _____

Other licenses held: type & issuing authority _____ expiration date _____
(provide copy)

EDUCATIONAL PREPARATION

Name and Location of School	Major / Minor	Did you graduate?
High School		

Name / Location	Dates Attended	Sem. Hrs.	Major/ Minor	Degree
College (Undergraduate)				
College (Undergraduate)				
College (Graduate)				
Vocational / Technical / Trade				

It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the Human Resources Office.

Student Teaching

Name and Location of School	Subject or Grade Level	Cooperating Teacher
1)		
2)		

TENURE STATUS

Were you ever appointed to tenure in a public school district in New York State? Yes No If yes, complete:
Date _____

Tenure Area: _____ Tenure Granted: _____

Name & Address of school district where tenure was granted: _____

Have you ever been found guilty on charges pursuant to New York State Education Law 3020-a? Yes No

If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment. If yes, please state in detail the action that was taken against you.

(Begin with most recent. Attach additional sheets if necessary. Must be completed even if a resume is attached.)

EMPLOYMENT HISTORY

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SALARY
ADDRESS				
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SALARY
ADDRESS				
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				
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REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

ADDITIONAL REFERENCES FAMILIAR WITH YOUR WORK

NAME	ADDRESS	PHONE	HOW KNOWN

MILITARY EXPERIENCE

Branch of Service: _____ Rank/Specialty: _____

Dates of Service: from _____ to _____

Type of discharge: Honorable Dishonorable

If you answer dishonorable, you will not necessarily be disqualified as an applicant for employment. If you received a dishonorable discharge, please explain below:

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country? Yes No

If employed, you must produce two original forms of identification as specified on Form I-9, Employment Eligibility Verification.

Do you have any health condition that would impair your ability to perform some of the functions of the position for which you are applying? Yes No

If yes, please explain: _____

Have you ever been convicted of a violation of law? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Are any criminal charges or proceedings pending against you? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Have you ever been dismissed from a position or resigned to avoid dismissal? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") to verify and investigate all statements I have made on the employment application, related papers and in interviews. I authorize the BOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the BOCES.

Signature

Date

Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") will thoroughly investigate my work and personal history and verify all data given on this application, related papers and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by BOCES, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the BOCES. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the BOCES, I agree to conform to its rules and regulations as set forth in the BOCES policies, administrative regulations, operational procedures and contracts. I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the BOCES at any time at the BOCES' sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the BOCES, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 New York Laws, Chapter 180), I understand that I will not be eligible for employment and can be discharged by the BOCES if the New York State Education Department does not clear me for employment after my fingerprints are reviewed by the Division of Criminal Justice Services.

If requested by the BOCES in connection with this application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the BOCES and that my initial employment is conditioned upon meeting the requirements of that examination as established by the BOCES.

This employment application will be valid for one (1) year from the date it is received.

Signature

Date

