OF THIS BOCES?

☐ Yes

☐ No



CERTIFIED

Adopted for use: 2/17/12 Revised 3/14/18

Employment Application

POSITION PREFERENCE	We recognize & support
	staff as our most
POSITION APPLYING FOR	important resource.
TYPE OF EMPLOYMENT: Full-time Part-time Temporary/Sum	nmer 🗖 Intern
ARE YOU WILLING TO BE A SUBSTITUTE? ☐ Yes ☐ No	
MINIMUM ACCEPTABLE SALARY : \$ DATE AVAILAB	LE:
HOW DID YOU LEARN OF THIS VACANCY:	
PERSONAL INFORMATION	PLEASE CHECK
	PREFERRED WORK LOCATION(S):
NAME:	()
(Last) (First) (Middle)	TECHNICAL & CAREER EDUCATION:
SOCIAL SECURITY NUMBER:	☐ FLTCC (Stanley)
FORMER NAMES:	☐ WTCC (Williamson)
(for purposes of verifying work & education records)	SPECIAL EDUCATION:
MAILING ADDRESS:	☐ FLSS (Rushville)
	☐ MEC (Midlakes) ☐ NEC (Newark)
PRIMARY PHONE #: ()	☐ RJEC (Shortsville)
SECONDARY PHONE #: ()	☐ WEC (Williamson)
EMAIL ADDRESS:	OTHER:
IN CASE OF AN EMERGENCY, CONTACT:	☐ P-TECH (Phelps)
(Name) (Phone)	
ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT	HUMAN RESOURCES
SYSTEM? □ Yes □ No	Eisenhower Building 131 Drumlin Court
If yes, what system?	Newark, New York 14513-1863
What is your membership number?	Phone: 315-332-7296 Fax: 315-332-7373
HAVE YOU EVER BEEN OR ARE YOU CURRENTLY AN EMPLOYEE	Email: hrjobs@wflboces.org

CERTIFICATION / PROF	ESSION	AL LI	CENSE		
I hold the New York State Teaching / Adminis	strative Certific	cate(s) desc	ribed below (provide coj		
			Area	Date Issued	Expiration Date
□ Permanent/Professional□ Provisional/In□ Provisional/In□ Provisional/In	itialCertificate_ nitialCertificate				
☐Other (specify)					
If you do not have a New York State Teaching	g Certificate, ha	ave you app	olied for one?	s 🗖 No	!
If certified in another state, please describe:					
Other licenses held: type & issuing authority _ (provide copy)				exp	piration date
EDUCATIONAL PREPARA	ATION				
Name and Location of School			Major / I	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 to	transcripts, placem	ent folder, and	1 copy of certification forwards	ed to the Human R	esources Office.
Student Teaching					
Name and Location of School		Subject o	or Grade Level	Cor	operating Teacher
1)					
2)					
TENURE STATUS					
Were you ever appointed to tenure in a public	school district	in New Yo	ork State? ☐ Yes ☐ No	If ves, comp	slete:
Tenure Area:			Date		
Name & Address of school district where tenu					
Have you ever been found guilty on charges put If you answer yes to this question, you will not detail the action that was taken against you.					

EMPLOYMENT HISTORY

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

EMPLOYER			TELEPHONE	DATES E FROM	MPLOYED TO	SALARY
ADDRESS						
JOB TITLE				WORK P	ZE THE NATUR PERFORMED A SPONSIBILITIE	ND JOB
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE						
REASON FOR LEAVING						
MAY WE CONTACT FOR REFERENCE?	□~YE S	□ NO	□ LATER			
EMPLOYER			TELEPHONE	DATES E	MPLOYED TO	SALARY
ADDRESS						
JOB TITLE				WORK P	ZE THE NATUR ERFORMED A SPONSIBILITIE	ND JOB
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE						
REASON FOR LEAVING						
MAY WE CONTACT FOR REFERENCE?	□~YE S	□ NO	□ LATER			
EMPLOYER			TELEPHONE	DATES E	MPLOYED TO	SALARY
ADDRESS						
JOB TITLE				WORK P	ZE THE NATUR PERFORMED A SPONSIBILITIE	ND JOB
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE						
REASON FOR LEAVING						
MAY WE CONTACT FOR REFERENCE?	□~YE S	□ NO	□ LATER			
EMPLOYER			TELEPHONE	DATES E	MPLOYED TO	SALARY
ADDRESS						
JOB TITLE				WORK P	ZE THE NATUR ERFORMED A SPONSIBILITIE	ND JOB
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				 		
REASON FOR LEAVING						
MAY WE CONTACT FOR REFERENCE?	□~YE S	□ NO	□ LATER			

NAME	ADDRESS	PHONE	HOW KNOWN
	ADDRESS	THORE	HOW KINOWIN
MILITARY EXPER	RIENCE		
ranch of Service:	Rai	nk/Specialty:	
ates of Service: from			
ates of Service. Ironi		10	
Type of discharge:		ed as an applicant for employm	nent. If you received a dishonor
isonarge, pieuse explain below.			
ADDITIONAL INE	ODMATION		
ADDITIONAL INFO	URMATION		
			s □ No
f employed, you must produce two you have any health condition	o original forms of identification	n as specified on Form I-9, Em	nployment Eligibility Verifications of the position for which you
f employed, you must produce two you have any health condition pplying?	o original forms of identification	n as specified on Form I-9, Em	nployment Eligibility Verification
Are you legally eligible for employ femployed, you must produce two you have any health condition pplying? If yes, please explain:	o original forms of identification	n as specified on Form I-9, Em	nployment Eligibility Verifications of the position for which you
f employed, you must produce two polyon have any health condition pplying? f yes, please explain:	o original forms of identification that would impair your ability to	n as specified on Form I-9, Employers of the function Yes	nployment Eligibility Verifications of the position for which you No
f employed, you must produce two polyon have any health condition pplying? f yes, please explain: Have you ever been convicted of a	o original forms of identification that would impair your ability to a violation of law?	n as specified on Form I-9, Em o perform some of the function	nployment Eligibility Verifications of the position for which you No
f employed, you must produce two polying? f yes, please explain: Have you ever been convicted of a f you answer yes, you will not need.	o original forms of identification that would impair your ability to a violation of law?	n as specified on Form I-9, Em o perform some of the function	nployment Eligibility Verifications of the position for which you No
f employed, you must produce tw Do you have any health condition pplying?	o original forms of identification that would impair your ability to a violation of law?	n as specified on Form I-9, Em o perform some of the function	nployment Eligibility Verifications of the position for which you No
f employed, you must produce two polyon have any health condition pplying? f yes, please explain: Have you ever been convicted of a f you answer yes, you will not necessity.	that would impair your ability to the violation of law?	as specified on Form I-9, Employer of the function Yes Yes Population Yes Population Yes Population Yes Population For employment. If yes	nployment Eligibility Verifications of the position for which you a No
f employed, you must produce two po you have any health condition pplying? If yes, please explain: Jave you ever been convicted of a f you answer yes, you will not necessary and the power.	that would impair your ability to the violation of law? cessarily be disqualified as an apedings pending against you?	as specified on Form I-9, Employer of the function Yes Yes Population Yes Yes	nployment Eligibility Verifications of the position for which you answer yes, please explain be a No
f employed, you must produce two po you have any health condition pplying? If yes, please explain: Jave you ever been convicted of a f you answer yes, you will not necessary any criminal charges or proceed f you answer yes, you will not necessary and answer yes, you will not necessary and answer yes, you will not necessary and answer yes, you will not necessary to the produce of you answer yes, you will not necessary to you answer yes, you will not necessary to you answer yes, you will not necessary to you answer yes, you will not necessary to you will not	that would impair your ability to the violation of law? cessarily be disqualified as an apedings pending against you?	as specified on Form I-9, Employer of the function Yes Yes Population Yes Yes	nployment Eligibility Verifications of the position for which you answer yes, please explain be a No
f employed, you must produce two polying? f yes, please explain: Have you ever been convicted of a f you answer yes, you will not need.	that would impair your ability to the violation of law? cessarily be disqualified as an apedings pending against you?	as specified on Form I-9, Employer of the function Yes Yes Population Yes Yes	nployment Eligibility Verifications of the position for which you answer yes, please explain be a No
f employed, you must produce two polyon have any health condition pplying? f yes, please explain: Have you ever been convicted of a f you answer yes, you will not necessare any criminal charges or proceef you answer yes, you will not necessare.	that would impair your ability to a violation of law? cessarily be disqualified as an apedings pending against you? cessarily be disqualified as an apedings pending against you?	as specified on Form I-9, Employer of the function Yes opplicant for employment. If you proposed yes opplicant for employment. If you proposed yes opplicant for employment. If you	ns of the position for which you so No
f employed, you must produce two po you have any health condition pplying? If yes, please explain: Jave you ever been convicted of a f you answer yes, you will not necessary any criminal charges or proceed f you answer yes, you will not necessary and answer yes, you will not necessary and answer yes, you will not necessary and answer yes, you will not necessary to the produce of you answer yes, you will not necessary to you answer yes, you will not necessary to you answer yes, you will not necessary to you answer yes, you will not necessary to you will not	that would impair your ability to that would impair your ability to a violation of law? cessarily be disqualified as an apedings pending against you? cessarily be disqualified as an apeding against you?	as specified on Form I-9, Employer of the function Yes opplicant for employment. If you had been populated for employment. If you had been dismissal?	nployment Eligibility Verifications of the position for which you is No

WAIVER AND RELEASE FOR APPLICANT BACI	KGROUND CHECK
By signing below, I,	to contact all employers and personal ref- tools and employers mentioned on my em- d helpful in making a hiring decision. I mage for disclosing any information about
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 a shall be just cause for dismissal or refusal of employment.	ny false, misleading or willful omissions
I understand that Wayne-Finger Lakes Board of Cooperative Educational Services (hereat oughly investigate my work and personal history and verify all data given on this applicate	
I authorize all individuals, schools and employers mentioned therein to provide any information and all legal liability or damage for disclosing information about me.	mation requested about me, and I release
I understand that I am not guaranteed employment by merely completing this application document is not to be considered a contract for employment.	and even if I am hired by BOCES, this
Unless otherwise indicated by a collective bargaining agreement or a specific right under an at-will employee and may be terminated with or without just cause at any time by the I from employment at any time by giving notice within the proscribed amount of time as stament, or if not addressed by the collective bargaining agreement, then by law.	BOCES. I am also aware that I may resign
If I am chosen for employment by the BOCES, I agree to conform to its rules and regulational administrative regulations, operational procedures and contracts. I acknowledge that these interpreted, withdrawn, or added to by the BOCES at any time at the BOCES' sole discrete	e rules and regulations may be changed,
I certify that I am available immediately for employment, and that by accepting employming any other contracts or restrictive covenants.	ent with the BOCES, I will not be violat-
Pursuant to the School Finger Printing Law (2000 New York Laws, Chapter 180), I under ployment and can be discharged by the BOCES if the New York State Education Departm 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 example thority may disclose the findings of these examinations to the BOCES and that my initial 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

PERSONAL STATEMENT

I would like to be employed by the Wayne-Finger Lakes BOCES because			

EQUAL EMPLOYMENT OPPORTUNITY / NON-DISCRIMINATION

It is Wayne-Finger Lakes BOCES' policy to provide for and promote equal opportunity in education and employment. Wayne-Finger Lakes BOCES does not discriminate, in its programs and activities, against: (i) any student or any candidate for admission (or parent of any such student or candidate); (ii) any employee or applicant for employment; or (iii) any third party, on the basis of actual or perceived race, color, national origin, sex, disability, or age; and, it provides equal access to its facilities to the Boy Scouts and other designated youth groups. Further, Wayne-Finger Lakes BOCES does not discriminate on the basis of religion or creed, religious practice, ethnic group, weight, sexual orientation, gender, military status, genetic status, marital status, domestic violence victim status, criminal arrest or conviction record, or any other basis prohibited by state or federal non-discrimination laws, or unless based upon a bona fide occupational qualification or other exception. Inquiries regarding Wayne-Finger Lakes BOCES' non-discrimination policies and grievance procedures or Title IX should be directed to:

> Quinn M. Smith, Director of Human Resources Regional Support Center 131 Drumlin Court, Eisenhower Building Newark, NY 14513-1863 Telephone: (315) 332-7282

U.S. Department of Education New York Office Office for Civil Rights 32 Old Slip, 26th Floor New York, NY 10005-2500 Telephone: (646) 428-3800

APPLICANT DATA RECORD (Optional)

As an employer, we comply with government agency regulations which require periodic reports on gender, ethnicity, disabilities and veteran status of applicants. We are collecting this data solely to help us with record keeping, reporting and other legal requirements.

This data is kept in a CONFIDENTIAL FILE. Submission of information is <u>voluntary</u>.

Position (s) Applied for:						
	☐ Advertisement☐ Current Employee	☐ Friend☐ Walk-in	☐ Relative			

What is your gender? □ Male □ Female

What is your ethnicity? □ Hispanic

☐ Other

☐ Caucasian/White (non-Hispanic) ☐ Black (non-Hispanic) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

What is your veteran/disability status?

☐ Veteran ☐ Disabled Veteran ☐ Disabled