# WAYNE - FINGER LAKES Board of Cooperative Educational Services

## **Employment Application**

Non-Certified Positions; (Non-instructional positions; Please also complete civil serv	Civil Service)		Position (sun y online except summe .org/jobs	• •	☐ Tutor  Please complete district preference on last page
EMPLOYMENT TYPE:	☐ Full time ☐	Part time	☐ Temporary	/Summer 🗆 Su	bstitute
PREFERRED WORK LOCATION  SPECIAL EDUCATION  FLSS (Rushville)  MEC (Phelps)  NEC (Newark)  RJEC (Shortsville)  WEC (Williamson)	TECH AND ☐ FLTCC (	CAREER	<u>P-TECH</u> □ Newa	☐ EduTech	Support Center (Newark) within WFL and GV regions)
Position Applied For:					
How did you learn of this va	icancy:				
		APPLICAN	T INFORMATION	ı	
Full Name:					day's Date:
Former Name:				Da <sup>-</sup>	te Available:
Address:					
City:				State: Zip	:
Phone:		Email: _			
Emergency Contact Name: _					
Emergency Contact Phone: _					
Are you a citizen of the Unite	d States?	☐ Yes	☐ No If no, are	you authorized to wo	rk in the US? $\square$ Yes $\square$ No
Have you ever worked for WI	FL BOCES?	☐ Yes	☐ No If yes, w	nen?	
Have you ever been convicted of a violation of law? $\Box$ Yes $\Box$ No					
Are any criminal charges/pro	ceedings pending a	gainst you?	$\square$ Yes $\square$ No		
Have you ever been dismisse	d from a position or	resigned to av	oid dismissal?	] Yes □ No	
Do you have any health cond	ition that would imp	pair your ability	to perform the fun	ctions of the position i	n which you are applying?
☐ Yes ☐ No If yes, expl	ain:				
Are you a member of the NYS	S Retirement Systen	n: 🗆 Yes 🗀 N	lo If yes, member	number:	
		ED	UCATION		
High School:			Address:		
From:	To:		Did you graduate?	'□ Yes □ No Dip	oloma:
College/Vocational:			Address:		
From:	To:		Did you graduate?	Yes 🗆 No De	gree:
Other:			Address:		
From:	To:		Did you graduate?	? □ Yes □ No De	gree:

		KEFEF	RENCES	
Please list three profession	onal references.			
Full Name:				Relationship:
Employer:				Phone:
Address:				
Full Name:				Relationship:
Employer:				Phone:
Address:				
Full Name:				Relationship:
Employer:				Phone:
Address:				
			MPLOYMENT	
		FILVIOUS E	IVIF LOTIVILIVI	
Employer:				Phone:
Address:				Supervisor:
Job Title:				
Responsibilities:				
From:	To:		Reason For Leaving: _	
May we contact this super	rvisor for a reference?	☐ Yes ☐	No	
Employer:				Phone:
Address:				
Job Title:				
Responsibilities:				
	To:		Reason For Leaving: _	
May we contact this supe	rvisor for a reference?	□ Yes □	No	
Employer:				
Address:				Supervisor:
Job Title:				
Responsibilities:				
From:				
May we contact this supe	ivisor for a reference?	□ Yes □	INU	
			Y SERVICE	Toi
Branch:				To:
Rank at Discharge:			rype of Discharg	re:
If other than honorable, e	xpidiii:			

Issue date 1/22/2020  CERTIFICATION			
I hold New York State certificates described below (provide copies):			
☐ Permanent/Professional in the area of:			
☐ Provisional/Initial in the area of:			
□ Other:			
☐ License Held:			
Disclaimer and Signature			
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, for those listed, 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.			

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 or applicable policy, 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

Signature:	Date:	
This employment application will be valid for one (1) year from the date it is received	d.	
is conditioned upon meeting the requirements of that examination as established by t	THE BUCES.	

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 Administrative Offices, Regional Support Center 131 Drumlin Court, Eisenhower Building Newark, NY 14513-1863 Telephone: (315) 332-7282 Email: Quinn.Smith@wflboces.org



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 Email: OCR.NewYork@ed.gov

#### To be completed by Tutor applicants only:

### **SUBJECTS YOU ARE QUALIFIED & WILLING TO TUTOR**

Please check as many as apply	
☐ All K—6	☐ English
☐ Social Studies	☐ Latin
☐ Earth Science	☐ Biology
☐ Reading	☐ Chemistry
☐ Business	☐ Physics
☐ Art	☐ Music
☐ Special Education K—6	☐ Special Education 7—12
☐ Health	☐ Spanish
☐ French	☐ German
☐ Other Language,	
☐ Math, level (s)	
PREFERRED WORK LOCATIONS	
Please check as many as apply; NOTE: not all districts participat	e in this service every year
☐ Bloomfield	☐ North Rose-Wolcott
☐ Canandaigua	☐ Palmyra-Macedon
☐ Clyde-Savannah	☐ PennYan
☐ Dundee	☐ Phelps-Clifton Springs (Midlakes)
☐ Gananda	☐ Red Creek
☐ Geneva	☐ Romulus
☐ Gorham-Middlesex (Marcus Whitman)	☐ Seneca Falls
☐ Honeoye	☐ Sodus
☐ Lyons	☐ Victor
☐ Manchester-Shortsville (Red Jacket)	☐ Waterloo
☐ Marion	☐ Wayne
☐ Naples	☐ Williamson
☐ Newark	$\hfill\square$ Area hospitals to include Rochester
DAYS AVAILABLE	TIMES AVAILABLE
☐ Monday	☐ Morning
☐ Tuesday	☐ Afternoon
☐ Wednesday	☐ Evening
☐ Thursday	
☐ Friday	

#### **RETURN YOUR COMPLETED APPLICATION TO**

HUMAN RESOURCES
Wayne-Finger Lakes BOCES
Eisenhower Building
131 Drumlin Court
Newark, NY 14513-1863

For Questions, Call:
(315) 332-7291 for non-certified positions and substitutes
(315) 332-7296 for certified positions
(315) 332-7211 for Tutors