

Date \_\_\_\_\_



Oneida • Herkimer • Madison

**BOCES**

# EMPLOYMENT APPLICATION

P.O. Box 70 · 4747 Middle Settlement Road  
New Hartford, N.Y. 13413-0070

## POSITION PREFERENCE

Teaching <input type="checkbox"/>	Administration <input type="checkbox"/>	Non-Teaching <input type="checkbox"/>
Substitute Teaching <input type="checkbox"/>		
Subject _____	Position _____	Position _____

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Mailing Address \_\_\_\_\_ Tel. \_\_\_\_\_  
(Include Area Code)

\_\_\_\_\_ City State Zip Code Cell \_\_\_\_\_  
(Include Area Code)

E-mail \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
City State Zip Code

Social Security No. \_\_\_\_\_ NYS Retirement System No. \_\_\_\_\_

Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied? Yes  No  If No, explain: \_\_\_\_\_

Do you have a legal right to work in the United States? Yes  No

If you are an alien with a legal right to work in the United States, and are applying for a teaching position, do you intend to apply for United States Citizenship? Yes  No

Did you serve in the U.S. armed forces and, if so, when and in what theater? Yes  \_\_\_\_\_ No   
(Dates and Theater)

Did you receive a dishonorable discharge? Yes  No  N/A   
*(A dishonorable discharge is not an absolute bar to employment, and other factors will affect a final hiring decision.)*

Are you an exempt volunteer fireman? *(Civil Service Law Section 75)* Yes  No

Have you ever been fingerprinted for the purpose of employment? Yes  No

If Yes, where? \_\_\_\_\_ When? \_\_\_\_\_

## CERTIFICATION/LICENSE

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

	Area	Date Issued
Initial <input type="checkbox"/> Professional <input type="checkbox"/>		
Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Certification of Qualification <input type="checkbox"/>	_____	_____
Initial <input type="checkbox"/> Professional <input type="checkbox"/>		
Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Certification of Qualification <input type="checkbox"/>	_____	_____
Teaching Assistant <input type="checkbox"/> Temporary/Continuing <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Pre-Professional <input type="checkbox"/>		Date Issued _____
If you do not have a New York State Teaching Certificate, have you made application for one? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have an evaluation of your NYS certificate status? Yes <input type="checkbox"/> <i>(If Yes, enclose a copy)</i> No <input type="checkbox"/>		
Other licenses held; type and issuing authority: _____		

# EDUCATIONAL PREPARATION

PLEASE DO NOT USE RETURNS - ALLOW TEXT TO FORMAT AUTOMATICALLY

Name and Location of School	Nature of Studies	Did You Graduate?
High school		

Name and Location of School	Nature of Studies	Degree	Did You Graduate?
College (Undergraduate)*			

College (Graduate)*			

Vocational/Technical/Trade*			

*\*Provide copy of transcripts (substitute teachers excluded).*

## TEACHING OR ADMINISTRATIVE EXPERIENCE

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

## OTHER WORK EXPERIENCE

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

# TENURE STATUS

**PLEASE DO NOT USE RETURNS - ALLOW TEXT TO FORMAT AUTOMATICALLY**

Were you ever appointed on tenure in a public school district in New York? Yes  No  If YES, complete:

Tenure Area: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name and address of school district where tenure was granted:

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020-a?  
Yes  No

## PROFESSIONAL & SCHOLASTIC ORGANIZATIONS, MEMBERSHIPS, HONORS

*(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.)*

## OTHER SKILLS AND ABILITIES

*(e.g. coaching, ability to use sign language)*

## REFERENCES

List four individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last supervisor who we may contact for a personal or professional reference.

Name	Position	Address & Telephone

May we refer to your present employer? Yes  No   
May we refer to your former employer(s)? Yes  No

Placement Folder may be secured from: (Name and Address) \_\_\_\_\_

**PLEASE DO NOT USE RETURNS - ALLOW TEXT TO FORMAT AUTOMATICALLY**

1. Have you ever been convicted of a crime or other violation of law, other than a minor traffic offense, or is any such case currently pending? Yes  No

Have you ever had a conviction for any violation of law sealed or expunged? Yes  No

*Note that the phrase "violation of law" includes not only felonies and misdemeanors, but also quasi-criminal violations such as disorderly conduct. Also, the term "conviction" includes pleas of "guilty" and "no contest."*

2. Have you ever had a license or certificate of any sort suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, any sort of license or certificate in any state? Yes  No

If you answered YES to questions 1 or 2, provide full details on an additional sheet, including the specific court or agency involved (e.g., County Court, County of \_\_\_\_\_, New York), the address of the court or administrative agency involved, the specific violation(s) charged including the date thereof, and the final disposition of the case (e.g., "convicted of \_\_\_\_\_ and fined \$\_\_\_\_\_").

**Note that a conviction or other similar disposition is not necessarily an automatic bar to employment.**

3. Have you ever been discharged or asked to resign from a prior position? Yes  No

4. Have you ever resigned from a prior position after a complaint was received about you, or while your conduct was under investigation or review, or while disciplinary action was pending against you, or when your employer was likely to take disciplinary action against you? Yes  No

If you answered YES to questions 3 or 4, provide full details on an additional sheet, including the specific employer involved, the name, address and other contact information of the supervisor(s) involved, the date, the specific work infraction(s) charged, and the final disposition of the matter (e.g., "discharged from employment on [date]").

## APPLICANT'S STATEMENT

(Give any additional information that you think might be of value in considering you for a position. If necessary, attach an additional sheet of paper.)

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission on this form may be a crime, and will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered. I give the BOCES the right to investigate all references and to obtain additional job-related information about me. I hereby release from liability for money damages not only the BOCES, but also any of its representatives who investigate the facts set forth herein, as well as anyone disclosing information to them, in connection with this employment application.

\_\_\_\_\_  
Applicant's Signature (if mailed) or Name (if emailed\*)

\_\_\_\_\_  
Date

\*Email to OHM BOCES Human Resources confirms your authorization.

**If mailed, please return completed application to:**

**Human Resources  
Oneida-Herkimer-Madison BOCES  
P.O. Box 70 • Middle Settlement Road  
New Hartford, New York 13413-0070  
Telephone: 315.793.8576**

To email application, save PDF as your name and send attached file to: [emarthage@oneida-boces.org](mailto:emarthage@oneida-boces.org)

**EQUAL OPPORTUNITY EMPLOYER**