

**JEFFERSON-LEWIS-HAMILTON-HERKIMER-ONEIDA  
BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

***CERTIFIED EMPLOYMENT APPLICATION***

**ROUTE:** \_\_\_\_\_ **Mail To:** **Dawn D. Ludovici** **DATE:** \_\_\_\_\_  
\_\_\_\_ **Prog. Ex. Students** **Assistant Superintendent**  
\_\_\_\_ **Occ. Ed.** **20104 State Route 3**  
\_\_\_\_ **Itinerant** **Watertown, NY 13601-9509**  
**Phone: (315) 779-7000; 1-800-356-4356**  
**Fax: (315) 779-7009; Website: www.boces.com**

**All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the BOCES.**

**POSITION APPLYING FOR:** \_\_\_\_\_

**TYPE OF EMPLOYMENT:** \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_ Temporary

**DATE AVAILABLE FOR WORK:** \_\_\_\_\_

**HOW DID YOU LEARN OF THE VACANCY:** \_\_\_\_\_

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **SOC. SEC. # (OPTIONAL)\*** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*for payroll purposes only

**FORMER NAME(S):** \_\_\_\_\_  
For purposes of verifying work and education records.

**MAILING ADDRESS:** \_\_\_\_\_ **HOME PHONE:** ( ) \_\_\_\_\_  
\_\_\_\_\_ **WORK PHONE:** ( ) \_\_\_\_\_

**ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what system? \_\_\_\_\_ What is your number? \_\_\_\_\_

**CERTIFICATION/PROFESSIONAL LICENSE**

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

	Area	Date Issued
Permanent _____ Provisional _____ Certificate of Qualification _____	_____	_____
Permanent _____ Provisional _____ Certificate of Qualification _____	_____	_____

If you do not have a New York State Teaching Certificate, have you made application for one? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and with whom: \_\_\_\_\_

If certified in another state, please describe: \_\_\_\_\_

Other licenses held; type and issuing authority: \_\_\_\_\_ Exp. Date \_\_\_\_\_

*\*Applicant must provide the original N.Y.S. certificate, C.Q., or licenses at time of hire.*

**EDUCATIONAL PREPARATION**

Name and Location of School

Major/Minor

Did you graduate?

High School: \_\_\_\_\_

<u>Names and Location(s) of School(s)</u>	<u>Dates Attended</u>	<u>Sem. Hrs.</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Date Granted</u>
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College (Undergraduate)

\_\_\_\_\_

College (Graduate)

\_\_\_\_\_

Vocational/Technical/Trade

\_\_\_\_\_

*It is the applicant's responsibility to have official college transcripts and placement folders forwarded to the BOCES.*

**STUDENT TEACHING**

<u>Dates</u>	<u>Names and Location of Schools</u>	<u>Subject or Grade Level</u>	<u>Cooperating Master Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____

**TENURE STATUS**

Applicants must complete and sign this statement to assure compliance with the provisions of Section 3012, Subdivision 1, of New York Education Law.

Were you ever appointed to tenure in a public school district in New York State?  Yes  No

If yes, complete: Tenure Area \_\_\_\_\_ Date Tenure Granted \_\_\_\_\_

Name and address of school district/BOCES where tenure was granted: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TEACHING, ADMINISTRATIVE OR WORK EXPERIENCE**

Begin with the most recent. Include any substitute teaching, and indicate as such.

**Employer:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Employer :** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Employer :** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

MILITARY EXPERIENCE:            Branch of Service \_\_\_\_\_ Rank/Specialty \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

### OTHER REFERENCES FAMILIAR WITH YOUR WORK

Please list at least (3) references that are not included in your placement folder. Preferences should be given to former school principals and superintendents for whom you have taught, or professionals with whom you have worked.

Name	Position/Institution	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### ADDITIONAL INFORMATION

CAN YOU PHYSICALLY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION: \_\_\_\_\_ Yes \_\_\_\_\_ No

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN FOUND GUILTY OF CHARGES PURSUANT TO NEW YORK STATE EDUCATION LAW 3020-a? (If you answer yes to any of these questions, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to the above question, please state in detail the action that was taken against you: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

### SPECIAL COMMENTS

On a separate sheet of paper, please note any special comments you feel are appropriate that may merit consideration in support of you application. If you desire, you may attach supportive documentation in the form of awards, testimonials, etc. Please do not provide any personal information except that which is specifically requested on the employment application.

**WAIVER AND RELEASE FOR APPLICANT  
BACKGROUND CHECK**

By signing below, I, \_\_\_\_\_, hereby authorize the Jefferson-Lewis-Hamilton-Herkimer-Oneida Board of Cooperative Educational Services (BOCES) to verify and investigate all statements I have made on the employment application, on 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

\_\_\_\_\_  
Print Name

**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 the BOCES will thoroughly investigate my work and personal history, and verify all data given on this application, on 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 the rules and regulations of the BOCES as set forth in the BOCES handbook and or policies, and 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 N.Y. Laws, Chapter 180), I understand that I will be discharged by the BOCES, if after my fingerprints are reviewed by Division of Criminal Justice Services (DCJS), the New York State Education Department does not clear me for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_