

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

INSTRUCTIONAL SUPPORT EMPLOYMENT APPLICATION

Mail to:

Dawn D. Ludovici
Assistant Superintendent
20104 State Route 3
Watertown, NY 13601-9509
Phone: (315) 779-7000; 1-800-356-4356
Fax: (315) 779-7009; Website: www.boces.com

DATE: _____

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: _____

PERSONAL INFORMATION

*Please do not provide any personal information except that which is specifically requested on the employment application.

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? _____

CIVIL SERVICE STATUS: Are you currently on an active Civil Service List? _____ Yes _____ No

If yes, which list? _____

ARE YOU A MEMBER OF A VOLUNTEER FIRE DEPARTMENT? _____ Yes _____ No

Name of Fire Company _____

EMPLOYMENT HISTORY

<u>Employer</u>	<u>From-To</u>	<u>Position</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION

School Name and Location

Course of Study

Diploma/Degree or Grade Completed

EMPLOYER & PERSONAL REFERENCE

Name and Occupation

Address

Phone

MILITARY EXPERIENCE:

Branch of Service _____ Rank/Specialty _____

Dates of Service: From _____ To _____

LICENSES

I hold a New York State current license/registration for the following:

Area

Expiration Date

Applicant must provide original N.Y.S. license/registration at time of hire.

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 AND REPRIMANDED, SUSPENDED, FINED, DEMOTED OR DISCHARGED UNDER SECTION 75 OF THE NEW YORK STATE CIVIL SERVICE LAW? (If you answered yes to this question, 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 taken against you: _____

HAVE YOU EVER BEEN DISMISSED FROM A POSITION, OR RESIGNED TO AVOID DISMISSAL? _____ Yes _____ No

(If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

If yes, please explain: _____

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 authorized 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 prescribed 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 Fingerprinting 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: _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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

***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.