

Dear Prospective Applicant:

Thank you for your interest in employment with Orleans/Niagara Board of Cooperative Education Services (BOCES). The application forms follow this memo. Please print the forms, complete them and return them to the labor relations office at 4232 Shelby Basin Road, Medina, New York 14103.

Please note that in order to be considered for a non-certificated position, an individual generally must be a resident of either Orleans or Niagara counties. However, if you wish to be considered for substitute employment, there is no residency requirement for the position of substitute teacher aide, and the same applies to some other substitute positions.

**ORLEANS/NIAGARA BOCES
LABOR RELATIONS OFFICE
4232 SHELBY BASIN ROAD
MEDINA, NEW YORK 14103
Telephone: 1.800.836.7510, extension 2224**

SUPPLEMENTAL EMPLOYMENT APPLICATION FORM

Please complete and submit this supplemental employment application form along with the completed main (Orleans County Personnel Office) application form, to apply for a non-teaching position with the Orleans/Niagara Board of Cooperative Educational Services (BOCES). Please note that the Orleans County Personnel Office application form, Item Number 13 (*Description of Experience*), directs you to list all past and present employment relevant to the position for which you are applying. Please thoroughly list all pertinent experience and attach additional sheets if more space is needed. Please expressly state, in writing below, each specific vacancy for which you wish to apply. If you wish to be considered for any future vacancies, then please submit an additional completed supplemental application form(s), listing all vacancies for which you wish to be considered. **Please complete and return this supplemental application form, the main application form, a resume (optional) and the substitute applicant information sheet (if you have any interest in obtaining employment as a substitute) to Orleans/Niagara BOCES at the address listed above.**

Full Name (please print) _____

Please List All Positions (and Vacancies) Sought _____

Please Check All Types of Employment in which you are Interested: Full-Time Part-Time Substitute

Have you ever worked for Orleans/Niagara BOCES? Yes No
 ↳ If yes, then please provide dates and position(s) held _____

Are there presently any felony or misdemeanor charges pending against you? Yes No
 ↳ If yes, then please fully explain in detail on a separate sheet. Please sign the statement on the separate sheet.
 An affirmative response is not necessarily an automatic bar to employment.

Are you a member of the New York State Employees' Retirement System (ERS): Yes No
 ↳ If yes, then please provide your ERS membership number _____

REFERENCES: Please list at least three people who have closely observed and supervised your work. **Names of present and/or former employers (supervisors) are preferred.**

NAME	BUSINESS	ADDRESS	PHONE NUMBER

Applicant's Certification

I certify, under penalties of perjury, that all information provided on this application form, and all other information provided in connection with my candidacy for employment, is complete, accurate, and true. I understand that the provision of any false or misleading information, or any omission, will constitute grounds for disqualification or disciplinary action that may include termination of employment. I hereby authorize Orleans/Niagara BOCES to contact any and all persons and entities, including but not limited to all of my present and/or former employers, in connection with the evaluation of my candidacy for employment. I also authorize any and all persons or entities, including but not limited to all of my present and/or former employers, to provide any and all information about me.

Signature of Applicant

Date

The Orleans/Niagara Board of Cooperative Educational Services (BOCES) does not discriminate against any employee, student, applicant for employment or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, marital status, disability, sexual orientation, military status, domestic violence victim status, or any other classification protected by law (including, with respect to employees and applicants for employment, genetic predisposition or carrier status), unless based upon a bona fide occupational qualification or otherwise provided for by law. Any person wishing to obtain information about the BOCES procedures for grieving alleged civil rights violations may obtain information by contacting Wayne M. Van Vleet, Director of Labor Relations/Civil Rights Compliance Officer, 4232 Shelby Basin Road, Medina, New York 14103, telephone number (800) 836-7510, extension 2206.



ORLEANS COUNTY PERSONNEL OFFICE
 Orleans County Administration Building
 14014 Route 31 West
 Albion, NY 14411
 (585) 589-3108

Application

Approved _____
 Disapproved _____ *
 Conditional _____ *
 * Reason(s) _____

Date Received: _____

Fee Received: _____

\$ _____

By: _____

**APPLICATION FOR
 EXAMINATION OR EMPLOYMENT**

_____ **Title of Position** _____

This Application is valid only when returned to the Orleans County Personnel Office.

INSTRUCTIONS: Answer all questions fully. All qualifying information must be placed on this application. **Resumes may not be used to supplement the application.** You should review the minimum qualifications for the position before completing this application. You must provide information showing that you have the necessary training and experience or your application will not be approved. If additional space is needed, please attach additional sheets.

1. NAME, MAILING ADDRESS & PHONE (please print)

Last Name _____ First Name _____ M.I. _____

Street or Post Office Box Address _____

City / Town _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

2. SOCIAL SECURITY NUMBER: _____

3. Are you *under* 18 years of age? Yes No
 If YES, or if minimum and / or maximum are limits are established for the position, enter your date of birth:

Month _____ Day _____ Year _____

4. **VETERAN'S CREDITS** (Exam applicants only)
 Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge?
 Yes, as a disabled veteran
 Yes, as a non-disabled veteran
 Yes, active duty
 No
 If YES, request and complete a veteran's credit form.

5. **SPECIAL ARRANGEMENTS** (Exam applicants only)
 Religious Accommodations
 Disabled Candidate
 Indicate needs on a separate sheet of paper

6. Do you have the legal right to accept employment in the United States? Yes No

7. State your actual permanent legal residence:
 School District: _____
 City / Village: _____
 Town: _____
 County: _____
 State: _____

7a. Have you resided at your current address for at least one (1) month? Yes No

7b. Have you taken this exam within the last six (6) months? Yes No

8a. Were you ever discharged from employment for reasons other than lack of work? Yes No

8b. Did you ever resign from employment rather than face dismissal? Yes No

8c. If you have service in the U.S. Armed Forces, did you receive a *dishonorable* discharge? Yes No

8d. Have you ever been convicted of any crime? (felony or misdemeanor) ? Yes No

8e. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

8f. If you answered YES to any question (8a – 8e), provide a complete explanation of the circumstances on a separate sheet of paper including: the date, the parties involved, the facts, and the outcome.

NOTE: A YES answer is not an automatic bar to employment unless otherwise required by law. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

THIS AFFIRMATION MUST BE COMPLETED.
 I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury.

Signature of Applicant _____ Date _____

Print any other last names by which you are or have ever been known.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION
 SIGNATURE ON LAST PAGE ALSO REQUIRED**

EDUCATION

- 9a. Have you graduated from High School? Yes No
 If YES, give the name and location of the high school: _____
 If NO, do you have a high school equivalency diploma? Yes No
 If YES, submit a copy and provide Number: _____

UNDERGRADUATE / GRADUATE EDUCATION

9b.	Name and location of school	Number of years credited	Were you graduated?	Type of course or major	Number of college credits received	Type of degree received	If not graduated, date degree expected
College, University or Technical School							

Other Schools of Special Courses: _____

Please forward an **original College transcript** to this office if required for the Minimum Qualifications.

10. Section 50-b of the New York State Civil Service Law requires that all applicants for examinations be asked the following questions:
 Have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? Yes No
 If so, are you presently in default on any loans? Yes No

11. **PROFESSIONAL LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement, fill in the following blanks:
 If not currently licensed, check this box as I am not currently licensed.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State issued
Specialty	Date License first issued	Registered From: (Month/Year)	Registered To: (Month/Year)

12. **DRIVER'S LICENSES:** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No If YES, we will need a copy with the application.
 If you have a commercial motor vehicle driver's license, check the endorsements which you have.
 Hazardous Material Tank Other, please describe: _____

13. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below all employment which is relevant to the Minimum Qualifications of the position for which you are applying. **All blanks must be completed fully.** Omissions will *not* be interpreted in your favor. Information must be on the application. **Do not use a resume to supplement.**

LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY and STATE
From:			
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

DO NOT ATTACH A RESUME

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From:	FIRM NAME	ADDRESS	CITY and STATE
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From:	FIRM NAME	ADDRESS	CITY and STATE
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From:	FIRM NAME	ADDRESS	CITY and STATE
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

DUPLICATE THIS PAGE IF ADDITIONAL DESCRIPTION OF EXPERIENCE IS NEEDED

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From:	FIRM NAME	ADDRESS	CITY and STATE
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

CONSUMER REPORT DISCLOSURE STATEMENT

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for employment, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request with a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Orleans County to procure a consumer report as set forth above.

Signature of Applicant

Date

After a conditional offer of employment had been made, you may be required to submit to a medical examination and you will complete a self-evaluation health form, prior to reporting to work.

New York State Human Rights Law and Federal Equal Employment Opportunity Law prohibit discrimination. Orleans County is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age, disability, veteran's status, arrest record, or any other status protected by law.

**ORLEANS/NIAGARA
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
4232 SHELBY BASIN ROAD
MEDINA NY 14103
1-800-836-7510**

SUBSTITUTE INFORMATION SHEET

Name _____

Address _____

City, State, Zip _____

Phone No. _____

- Yes**, I wish to be considered for substitute employment with Orleans-Niagara BOCES. (Please complete the front and back of this information sheet.)
- No**, I do not wish to be considered for substitute employment.

Substitute Position(s) I would like to be considered for:

_____ **Teacher**

- Preferred area: Special Education Vocational Education Any Area

- Are you a certified teacher? Yes No

Area(s) & type(s) of certification: _____

INCLUDE A COPY OF EACH CERTIFICATE THAT YOU HOLD

_____ **Teacher Aide** – Do you hold any college degrees? Yes No

If yes, please list area & type: _____

_____ **Clinical Instructor** – Are you a Registered Nurse? Yes No

INCLUDE A COPY OF YOUR R.N. LICENSE

_____ **School Nurse** – Are you a Registered Nurse? Yes No

INCLUDE A COPY OF YOUR R.N. LICENSE

_____ **Health Assistant** – Are you a Licensed Practical or Registered Nurse? Yes No

INCLUDE A COPY OF YOUR L.P.N. AND/OR R.N. LICENSE

_____ **Clerical**

_____ **Custodial / Maintenance / Motor Vehicle Operator**

SEE REVERSE SIDE AND INDICATE WHICH LOCATIONS YOU ARE ABLE TO TRAVEL TO.

I will travel to the following BOCES CLASSROOMS in the surrounding school districts:

(The locations listed below accommodate classrooms operated by the Orleans/Niagara BOCES, not the listed school district. Please place a check mark next to each BOCES location that you are interested in working.)

Lewiston-Porter (Youngstown, NY)

- Primary Education Center
- Middle School
- High School

Lockport

- Emmett Belknap Middle School
- Charlotte Cross/Lockport Opportunity Projects

Niagara Falls

- LaSalle Middle School
- Niagara Falls Sr. High
- Alternative High School

Medina

- Oak Orchard Elementary

Royalton-Hartland (Gasport, NY)

- Royalton-Hartland Elementary

North Tonawanda

- High School
- N.T. Middle School
- N.T. Learning Center

I will travel to the following BOCES Sites:

- o **Niagara Academy (Sanborn, NY)**
- o **Niagara Career & Technical Education Center (Sanborn, NY)**
- o **Orleans Career & Technical Education Center (Medina, NY)**
- o **Orleans Learning Center (Medina, NY)**
- o **Technology & Conference Center (Sanborn, NY)**