Dear Prospective Applicant:

Thank you for your interest in employment with the Orleans/Niagara Board of Cooperative Educational Services (BOCES). The application forms are enclosed. Please complete the forms and return them to the Labor Relations office at the Medina address below.

Sincerely,

Wayne M. Van Vleet
Director of Labor Relations

enclosures
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)

E-Mail Address

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.

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<th>NAME</th>
<th>BUSINESS</th>
<th>ADDRESS</th>
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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) is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of gender, gender identity or expression, race, color, religion or creed, age, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, reproductive health decision making, or any other classification that is recognized by law as a protected classification. 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 (716) 731-6800, extension 2206, e-mail address wvanvleet@onboces.org. (1/2020)
INSTRUCTIONS: Answer all questions fully. All qualifying information must be placed on this application. Resumes may not be used as a substitute for fully completing this 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

   Legal Address (Must be a Street Address)

   City / Town  State  Zip Code

   ☐ Home Phone  ☐ Business Phone
   Cell Phone:

   Email address:

2. SOCIAL SECURITY NUMBER: _____ / _____ / _____
   required for competitive and promotional civil service examinations

3. Are you under 18 years of age?  ☐ Yes  ☐ No
   If YES, or applying for Police Officer or Deputy Sheriff, please indicate 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, continue to answer additional questions on page 4
   ☐ No

5. SPECIAL ARRANGEMENTS (Exam applicants only)
   □ Religious Accommodations
   □ Disability Accommodations
   Indicate needs on a separate sheet of paper

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

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

7b. State your actual permanent legal residence and length of residency: _____ years / _____ months
   School District:
   City / Village:  Town:
   County:  State:

7c. 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, lack of funds, disability, or medical condition?  ☐ 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. If you answered YES to any question (8a – 8c), 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.

SIGNATURE ON LAST PAGE ALSO REQUIRED

6/3/2020
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:
   If NO, were you home schooled? □ Yes □ No

UNDERGRADUATE / GRADUATE EDUCATION

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<th>College, University or Technical School</th>
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Other Schools of Special Courses:

__________________________________________

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

10. 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.

<table>
<thead>
<tr>
<th>Name of Trade or Profession</th>
<th>License Number</th>
<th>Granted by (licensing agency)</th>
<th>City or State issued</th>
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<tr>
<td>Specialty</td>
<td>Date License first issued</td>
<td>Registered From: (Month/Year)</td>
<td>Registered To: (Month/Year)</td>
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11. 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, Class: ______ License #: ______ expiration date: ____________
   If you have a commercial motor vehicle driver's license, check the endorsements which you have:
   □ Hazardous Material □ Tank □ P (Passenger) □ S (School Bus)
   □ Other, please describe: ______

   Upon appointment, a copy of the driver's license is required with the MSD-426

12. 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 as a substitute for completing form.

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Number of hours worked per week, (exclusive of overtime)

A RESUME MAY NOT BE USED AS A SUBSTITUTE FOR FULLY COMPLETING THIS FORM
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### VETERAN'S CREDITS
If number 4 was a Yes, answer these questions:
- 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 with DD-214.

### Personal Privacy Protection Law Notification
The information which you are providing on this application is being requested pursuant to §50.3 of NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in disapproval of the application.

### THIS AFFIRMATION MUST BE COMPLETED.
I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury. I understand that all statements made by me in connection with the application are subject of investigation and verification and that a material misstatement or fraud may disqualify me from appointment and /or lead to revocation of my appointment.

Signature of Applicant: __________________________ Date: ________________

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

After a conditional offer of employment has 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.
SUBSTITUTE INFORMATION SHEET

Name ____________________________________________

Address __________________________________________

City, State, Zip _____________________________________

Phone No. ___________________________ E-mail _________________________

☐ 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: O Special Education O Career & Tech. O Both Areas
- Do you hold any college degrees? O Yes O No
  If yes, please list area & type: ___________________________________________
- Are you a certified teacher? O Yes O No
  Area(s) & type(s) of certification: _________________________________________
  INCLUDE A COPY OF EACH CERTIFICATE THAT YOU HOLD

☐ Teacher Aide
- Do you hold any college degrees? O Yes O No
  If yes, please list area & type: ___________________________________________

☐ Clinical Instructor – Are you a Registered Nurse? O Yes O No
  INCLUDE A COPY OF YOUR R.N. LICENSE

☐ School Nurse – Are you a Registered Nurse? O Yes O No
  INCLUDE A COPY OF YOUR R.N. LICENSE

☐ Clerical

☐ Custodial/Maintenance

☐ Motor Vehicle Operator

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

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 classroom location that you are interested in working.)

SPECIAL EDUCATION CLASSROOMS

Newfane
- Newfane Learning Center
  (formerly Newfane Middle School)

North Tonawanda
- N.T. High School
- N.T. Learning Center

Royalton-Hartland Elem. (Gasport)
- Royalton-Hartland Learning Center

Itinerant Instruction
- Various Locations

Niagara Falls
- N.F. High School
- LaSalle Preparatory School

CAREER & TECHNICAL EDUCATION CLASSROOMS

Royalton-Hartland (Middleport)
- R-H High School
  (Certified Personal Trainer Program)

Allied Health Sites
- Eastern Niagara Hospital (formerly Lockport Memorial Hospital)
- Orleans Community Health (formerly Medina Memorial Hospital)
- Niagara Falls Memorial Medical Center (Niagara Falls)

ORLEANS/NIAGARA BOCES SITES

I will travel to the following BOCES sites: (Please place a check mark next to each BOCES site that you are interested in working.)

SPECIAL EDUCATION SITES
- Niagara Academy (Sanborn)
- Orleans Learning Center (Medina)

CAREER & TECHNICAL EDUCATION SITES
- Niagara Career & Technical Education Center (Sanborn)
- Orleans Career & Technical Education Center (Medina)

ADMINISTRATIVE OFFICES/OTHER – Non-Instructional (Substitute Clerical, Substitute Maintenance, and Substitute Motor Vehicle Operator positions only)
- Technology & Conference Center (Sanborn)