

EMPLOYMENT

Employment Desired: Full-Time_____ Part-Time_____

Availability: M T W TH F M T W TH F
(Days) (Evenings)

Course Preference: _____

(Please refer to course listing and indicate number of course)

Other: _____

Please refer to the course code numbers below which you feel you are qualified to instruct or have a background in.

AUTOMOTIVE

0400 General Automotive

COSMETOLOGY

1501 Cosmetology State Board Refresher

MATHEMATICS

3721 Industrial Math Core

LITERACY

0116 English to Speakers of Other Languages (ESOL)

COMPUTERS

1604 Troubleshooting Computers
1611 Computer Concepts
1622 Windows 2000, XP
1601 Web Design

ELECTRICITY/ELECTRICAL

2500 Electricity
2532 Programmable Logic Controls
2533 Polyphase Systems
2534 Schematics
2510 National Electric Code

HEALTH SERVICES

4352 LPN
4301 Phlebotomy
4341 Certified Nursing Assistant

MACHINE TRADES

5200 General Machine Trades
5206 Lathe/Mill
5214 Programmable Machine Controls

INDUSTRY SPECIFIC

3700 General Industry
3703 Hydraulics & Pneumatics
3720 Mechanical Pump Repair and Maintenance

WELDING

6401 Arc Welding
6405 Pipe Welding

BUILDING CONSTRUCTION

1000 General Building Construction/Maint.
1021 Masonry

1502 Barbering

HORTICULTURE

4911 Landscaping

0210 General Equivalency Diploma

1620 Keyboarding
1614 Microsoft Office Package 2000, XP
1626 FrontPage
1616 Internet Basics

2508 Construction Wiring
2535 Instruments and Controls
2509 Residential Wiring
2536 Electric Motor Controls
2520 Industrial Wiring

REFRIGERATION

5500 HVAC

5213 CNC Theory
5221 Toolroom Technology

3710 Sheetmetal Layout
3740 Industrial Pipefitting
3704 Rigging

6402 Advanced Arc Welding
6410 Metal Fabrication

Do you hold a New York State Adult Education Certificate? Yes _____ No _____

If Yes, Area: _____

Date Issued: _____

Do you hold a New York State Teaching Certificate? Yes _____ No _____

If Yes, Area: _____

Date Issued: _____

List any other professional certifications held, if any; _____

Are you a member of the New York State Teachers Retirement System (TRS)? If Yes, please provide your TRS number _____ Yes _____ No _____

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

1. Are you legally authorized to work in the United States? Yes _____ No _____

2. Are you at least 18 years of age? Yes _____ No _____

3. Have you ever served in the U.S. Armed Forces or State Militia? Yes _____ No _____

4. Did you receive a dishonorable discharge from military service? Yes _____ No _____ N/A _____

5. Have you ever been convicted of a crime (felony or misdemeanor)? Yes _____ No _____

6. Are there presently any felony or misdemeanor charges pending against you? Yes _____ No _____

7. Have you ever resigned from any employment after being told that you will be dismissed, disciplined, or denied tenure? Yes _____ No _____

8. Have you ever resigned from any employment to avoid termination, other disciplinary action or denial of tenure? Yes _____ No _____

9. Have you been dismissed or discharged from any employment or asked to resign to avoid termination or discipline? Yes _____ No _____

10. Have you ever failed to be re-appointed to a position? Yes _____ No _____

11. Have you ever been denied tenure? Yes _____ No _____

If you answered yes to any question 4 through 11, then please attach (on separate sheet) a full explanation for each affirmative response. Affirmative responses will not necessarily constitute an automatic bar to employment.

Have you ever received tenure in any school district or BOCES? Yes _____ No _____

If Yes, Name of Employer _____ Tenure Date _____

PROFESSIONAL REFERENCES

Please list at least three (3) people who have closely observed and supervised your work. Please list current or former supervisors or superiors (i.e. principals, superintendents of schools or other superiors).

NAME	ADDRESS	PHONE (Home & Work)

EDUCATION

Name and Location of School	Subject Area	Diploma
High School _____	_____	_____
College _____ _____	_____ _____	_____ _____
Graduate Studies _____	_____	_____
Other: _____		

Have you ever taught (trained) students/workers/peers: Yes _____ No _____

If so, please describe: _____

WORK EXPERIENCE

Please list most recent experience first, and include work experience in private industry, business, trades, teaching and administrative employment. Please attach additional sheet(s) if more space is needed. Please complete the space below even if such information is included on a resume. Please be certain to fully state the reason for leaving each position.

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Position _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Position _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Position _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
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Position _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____

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. (1/2020)

APPLICANT, PLEASE READ CAREFULLY

Unless Orleans/Niagara BOCES is otherwise informed, your signature on this application form will be considered an authorization to fully investigate your background and credentials. Accordingly, by signing the application form you will also authorize all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that you have ever attended, and all of their agents, representatives, and employees, to release any and all information concerning your employment, educational and academic history.

You should make written application for each vacancy in which you are interested.

Please ensure that all information provided on this application form, and all other information provided in connection with your application for employment, is complete, accurate, and true. Please immediately inform the BOCES in writing, at the address below, of any changes in any of the information provided on this application form or otherwise provided in connection with your application for employment.

If you are hired, your employment will be at-will (subject to termination at any time) and your service will be at the pleasure of the BOCES, except as expressly provided for by statute.

APPLICANT'S AGREEMENT, AND AUTHORIZATION

I have read, and I am in agreement with, all of the foregoing terms and provisions. I certify that all information provided on this application form, and all other information provided in connection with my application for employment, is complete, accurate, and true. I understand that the provision of any false or misleading information or any omission will, even if discovered after I am hired, constitute grounds for disciplinary action that may include termination of employment.

I hereby authorize all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives, and employees, to release any and all information concerning my employment, educational and academic history, and any other information bearing upon my fitness and qualifications for the position for which I am applying. I voluntarily and knowingly release, from any and all liability, any person or entity providing such information about me. The information that may be disclosed and released by my current and former employers, and their agents, representatives, and employees, includes but is not limited to: Any and all information concerning my job performance; any and all information from and copies of all performance evaluations and other correspondence, records and notes commenting on any aspect of my job performance; and any and all information from and copies of my attendance records. A photocopy of this authorization (signature) shall be as valid as the original.

Applicant's Signature

Date

PLEASE RETURN COMPLETED APPLICATION AND RESUME (OPTIONAL) TO:

**Orleans/Niagara BOCES
Labor Relations Office
4232 Shelby Basin Road
Medina, New York 14103
Attention: Director of Labor Relations**

***Thank you for completing this application form and for your interest in employment with
Orleans/Niagara BOCES.***

Rev. 2/20