

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: _____

PROFESSIONAL EXPERIENCE

Please list most recent experience first, and include any teaching (including but not limited to full-time, part-time and substitute teaching) and administrative experience. 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 _____
Subject & Grade Level Taught _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____ Ending Salary _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Subject & Grade Level Taught _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____ Ending Salary _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Subject & Grade Level Taught _____
Beginning Date _____ Ending Date _____ Full-Time ___Yes ___No
Reason for Leaving _____ Ending Salary _____

OTHER WORK EXPERIENCE

Please list most recent experience first, and include work experience in private industry, business, trades and summer employment. If more space is needed, then please attach additional sheet(s). 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 _____
Nature of Work _____
Beginning Date _____ Ending Date _____ Full-Time ___ Yes ___ No
Reason for Leaving _____ Ending Salary _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Nature of Work _____
Beginning Date _____ Ending Date _____ Full-Time ___ Yes ___ No
Reason for Leaving _____ Ending Salary _____

Employer Name _____
Address _____
Immediate Supervisor _____ Telephone _____
Nature of Work _____
Beginning Date _____ Ending Date _____ Full-Time ___ Yes ___ No
Reason for Leaving _____ Ending Salary _____

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 or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification that is recognized by law as a protected classification, 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 (716) 731-6800, extension 2206.

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. 1/16