

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
ORLEANS AND NIAGARA COUNTIES

4232 Shelby Basin Road  
Medina, New York 14103  
1.800.836.7510  
www.onboces.org

**PROFESSIONAL EMPLOYMENT APPLICATION**

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Print any other last name by which you are or have been known \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Alternate Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ permanent e-mail address: \_\_\_\_\_  
(Permanent) / (Alternate) / (Other)

Social Security Number: \_\_\_\_\_ (Optional) alternate e-mail address: \_\_\_\_\_

See SSN Notice on page 6

**POSITION PREFERENCE**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> ELEMENTARY, K-6     | Subject(s): _____  |
| <input type="checkbox"/> SECONDARY 7-12      | Position(s): _____ |
| <input type="checkbox"/> K-12 POSITIONS      | Position(s): _____ |
| <input type="checkbox"/> ADMINISTRATION      | Position(s): _____ |
| <input type="checkbox"/> K-6 SUBSTITUTE      |                    |
| <input type="checkbox"/> 7-12 SUBSTITUTE     | Subject(s): _____  |
| <input type="checkbox"/> SCHOOL NURSE, RN    |                    |
| <input type="checkbox"/> HOME HOSPITAL TUTOR | Subject(s): _____  |
| <input type="checkbox"/> Other:              | Position(s): _____ |

Are you a member of the NYS Teachers' Retirement System?

Yes  Membership Number: \_\_\_\_\_ No

If not, do you wish to join? Yes  No

If you do, please contact the BOCES for an application.

**EDUCATIONAL PREPARATION**

NAME AND CITY/STATE			
HIGH SCHOOL	MAJOR/MINOR/CONCENTRATION	GPA	DIPLOMA
UNDERGRADUATE			
GRADUATE			

Total number of graduate hours beyond your last degree: \_\_\_\_\_

APPLICATION MAY NOT BE CONSIDERED WITHOUT TRANSCRIPTS  ENCLOSED  WILL FORWARD

SPECIAL TRAINING OR INSERVICE EDUCATION:

**STUDENT TEACHING / INTERNSHIP**

NAME AND ADDRESS OF SCHOOLS	SUPERVISING TEACHERS	FROM	TO	SUBJECT	GRADE

**CERTIFICATION AREA(S)**  
**(Attach a copy of each certificate listed)**

I hold the following New York State Teaching/Administrative Certificates and/or Professional Licenses:	Initial	Prof. License	Transitional	P E R M	P R O V	Area:	EXPIRATION DATE:
If you do not have NYS Certification, have you made application for one? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If certified in another state, please indicate:							
ENCLOSE COPIES OF ALL CERTIFICATES AND/OR LICENSES							

**EMPLOYMENT/EDUCATIONAL EXPERIENCE** (List chronologically all experience. Do not include day-to-day substitute teaching).

EMPLOYER & CITY/STATE	GRADE AND/OR SUBJECTS	DATES MO/YR	TOTAL YEARS	FULL TIME	PART TIME	WERE YOU CERTIFIED TO TEACH?

**WORK EXPERIENCE OTHER THAN ABOVE** (include day-to-day substitute teaching)

EMPLOYER & ADDRESS OF EMPLOYER	KIND OF WORK	DATES OF EMPLOYMENT

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| HAVE YOU EVER FAILED TO BE RE-APPOINTED TO ANY POSITION?  | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU EVER BEEN DENIED TENURE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU EVER RESIGNED FROM ANY EMPLOYMENT AT THE REQUEST OF ANY EMPLOYER TO AVOID DENIAL OF TENURE, DISCHARGE, OR ANY OTHER DISCIPLINARY ACTION? | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU BEEN TERMINATED FROM ANY EMPLOYMENT OR ASKED TO RESIGN TO AVOID TERMINATION OR DISCIPLINE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE YOU EVER BEEN EMPLOYED AT THIS BOCES BEFORE?   | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, give dates: \_\_\_\_\_

***If you answered yes to any of the above questions, please explain on a separate sheet.***

DID YOU EVER RECEIVE TENURE IN A PUBLIC SCHOOL DISTRICT IN NEW YORK STATE?

Yes  No      If yes, indicate tenure area: \_\_\_\_\_      Effective date: \_\_\_\_\_

IF PREVIOUSLY GRANTED TENURE IN NEW YORK STATE, PROVIDE ADDRESS OF SCHOOL DISTRICT WHERE GRANTED:

**PERSONAL BACKGROUND HISTORY**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Have you ever been convicted of a crime?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, have you been issued a certificate of relief from disability?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any criminal charges or proceedings pending against you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><i>If yes to any of above three questions, please explain on a separate sheet.</i></b>   |                          |                          |
| Are you legally authorized to work in the United States?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever served in the US Armed Forces?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you receive a dishonorable discharge? (If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.) | <input type="checkbox"/> | <input type="checkbox"/> |

List any persons currently serving on our Board of Education or working for the BOCES who are related to you:

## REFERENCES

Give the names of three references who have closely observed your work as a teacher, employee, or student. Recommendations by present and former superintendents, principals and other supervisors are preferred.			
NAME			
TITLE			
ADDRESS			
PHONE			

## RELATED PROFESSIONAL EXPERIENCE

List educational travel, lectures, addresses, publications, other professional licensure or certification, organizational membership(s), committee chair(s) or membership(s), participation in educational experiments, innovations, special programs, elective positions held, community and social services and recreation that you would consider relevant to your ability to perform duties of this position.
List any interscholastic sports or extracurricular activities you would be willing to coach or advise.

## PERSONAL STATEMENT

Use this space to include information that you believe would enhance your candidacy.

**NOTICE TO APPLICANT**

Please apply for every vacancy in which you are interested. It should not be assumed that your application will be retained on file and considered for future vacancies.

**APPLICANT’S CONSENT TO INVESTIGATE AND DISCLOSE DATA**

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 grant permission to the Orleans/Niagara BOCES to contact any and 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, in order to fully investigate my background. I hereby authorize any and 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 any and all persons and entities 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. I hereby indemnify, release and forever discharge and hold the Orleans/Niagara BOCES and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Reform and Control Act I will be required to provide timely documentation of identity and employment eligibility.

I understand that before I am hired I would be subject to fingerprinting and a criminal history records check, and that I must receive clearance through that process prior to being hired. I understand that I will be required to pay applicable fees to participate in the criminal history records check process.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

Date: \_\_\_\_\_

## ***Social Security Number Notice:***

Failure to submit your social security number on this form will not prohibit consideration for employment. Your social security number may be required on other forms prior to employment. If and when a candidate is given further consideration, the BOCES will use a potential candidate's social security number to check the status of professional certification and for a criminal records check as part of the hiring process.

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 do so by contacting Wayne M. Van Vleet, Civil Rights Compliance Officer, 4232 Shelby Basin Road, Medina, New York, 14103, telephone number 1-800-836-7510, extension 2206.