



REGIONAL SUMMER SCHOOL PROGRAM

2023 EMPLOYMENT APPLICATION

Name _____
Last First Middle

Address _____
Street City State Zip

Day Phone # _____ Cell Phone # _____ Evening Phone # _____

E-mail address _____

A. Will you commit to work the full 26-day session (July 5, 2023 through August 17, 2023)? Yes No

If No, then please explain. _____

B. Did you work the Regional Summer School Program during the 2022 Summer Session? Yes No

C. Position Sought – see areas below and check appropriate choices. Please do not write in job titles other than those listed.

_____ Administrative (Principal/Assistant Principal)
New York State Certification Required
BOCES will obtain a copy of your certification document.

_____ Teacher K-12
New York State Certification Required
BOCES will obtain a copy of your certification document.

Area(s) of Certification: _____

_____ Nurse
New York State Professional License Required
Please attach a copy with this application.

_____ Teacher Aide
High School Diploma or GED Required; Teacher Certification or Eligibility, or Related four-year Degree Preferred.
Copy of Diploma or GED is required after hiring decision has been made.

Do you have a four-year degree? Yes No

If yes, Degree Title _____
Copy of transcripts may be required after hiring decision has been made.

_____ Clerical (High School Diploma or GED Required)
Copy of Diploma or GED is required after hiring decision has been made.

D. Location Choices (actual locations are subject to change):

_____ Niagara-Wheatfield High School (Grades 6-8) _____ Niagara-Wheatfield High School (Grades 9-12)

_____ Orleans/Niagara BOCES-Medina (Grades 8-12)

Please proceed to page 2 – Section E

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

F. OTHER EMPLOYMENT HISTORY: List most recent experience first. Attach additional sheets if necessary.

| EMPLOYER & CITY/STATE | JOB TITLE | FULL-TIME | PART-TIME | DATES OF EMPLOYMENT |
|-----------------------------|-----------|--------------------|-----------|---------------------|
| | | | | BEGINNING DATE |
| | | | | ENDING DATE |
| SUPERVISOR'S NAME AND TITLE | | REASON FOR LEAVING | | |
| | | | | |

| EMPLOYER & CITY/STATE | JOB TITLE | FULL-TIME | PART-TIME | DATES OF EMPLOYMENT |
|-----------------------------|-----------|--------------------|-----------|---------------------|
| | | | | BEGINNING DATE |
| | | | | ENDING DATE |
| SUPERVISOR'S NAME AND TITLE | | REASON FOR LEAVING | | |
| | | | | |

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|-----------------------------|-----------|--------------------|-----------|---------------------|
| | | | | BEGINNING DATE |
| | | | | ENDING DATE |
| SUPERVISOR'S NAME AND TITLE | | REASON FOR LEAVING | | |
| | | | | |

G. Please provide three (3) references with e-mail address and phone numbers, including a phone number accessible after June 30th. Current and/or former employers/supervisors are preferred.

| | Name | Phone Number | e-mail Address | Relationship |
|----|------|--------------|----------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Please proceed to page 3 – Section H

H. PERSONAL EMPLOYMENT AND BACKGROUND INFORMATION:

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
 5. HAVE YOU EVER FAILED TO BE RE-APPOINTED TO ANY POSITION? Yes No
 6. HAVE YOU EVER BEEN DENIED TENURE? Yes No
 7. HAVE YOU EVER RESIGNED FROM ANY EMPLOYMENT AT THE REQUEST OF ANY EMPLOYER TO AVOID DENIAL OF TENURE, DISCHARGE, OR ANY OTHER DISCIPLINARY ACTION? Yes No
 8. HAVE YOU BEEN DISMISSED FROM ANY EMPLOYMENT OR ASKED TO RESIGN TO AVOID TERMINATION OR DISCIPLINE? Yes No
 9. HAVE YOU EVER RESIGNED FROM EMPLOYMENT AFTER BEING TOLD THAT YOU WILL BE DISMISSED, DISCIPLINED, OR DENIED TENURE? Yes No
 10. HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? Yes No
 11. ARE ANY CRIMINAL CHARGES OR PROCEEDINGS CURRENTLY PENDING AGAINST YOU? Yes No
- (If you answered yes to any question 4 through 11, then please fully explain on a separate sheet. Affirmative responses will not necessarily constitute an automatic bar to employment.)
12. HAVE YOU BEEN FINGERPRINTED AND RECEIVED CLEARANCE IN CONNECTION WITH NEW YORK STATE CERTIFICATION OR EMPLOYMENT AT ANY BOCES OR SCHOOL DISTRICT IN NEW YORK STATE? Yes No

Please proceed to page 4, Applicant Consent Section.

APPLICANT 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 dismissal from 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 and/or records concerning my employment, educational and academic history, and any other information and/or records 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 and/or records about me. The information and records 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 and/or records 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 harmless the Orleans/Niagara BOCES and its officers, agents and employees, as well as all third parties supplying such information, from any and all claims, demands, judgments 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.

In the event that I am employed, I agree to conform to the rules and regulations of the Orleans/Niagara BOCES.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by the Orleans/Niagara BOCES, the New York State Education Department, the New York State Division of Criminal Justice Services, and/or the Federal Bureau of Investigation to effectuate a criminal record background check.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

PRINT ANY OTHER LAST NAME(S) BY WHICH YOU ARE OR HAVE BEEN KNOWN

DATE: _____

PLEASE NOTE: LATE APPLICATIONS MAY BE REJECTED

PLEASE RETURN THIS APPLICATION NO LATER THAN APRIL 14, 2023 TO:

**Wayne M. Van Vleet
Director of Labor Relations
Orleans/Niagara BOCES
4232 Shelby Basin Road
Medina, New York 14103
Fax: (585) 798-1943**

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. 01/2020 Rev.