



Submit application, résumé, certification, and placement folder to:

Human Resources Office
DELAWARE-CHENANGO-MADISON-OTSEGO BOCES
6678 County Road 32
Norwich, New York 13815-3554
607-335-1200 or 607-335-1309

Sole Supervisory District of Delaware, Chenango, Madison and Otsego Counties

Application For Employment

SUBMISSION OF A RÉSUMÉ DOES NOT RELIEVE YOUR RESPONSIBILITY TO COMPLETE ENTIRE APPLICATION.
DO NOT INDICATE "SEE ATTACHED." AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

Delaware-Chenango-Madison-Otsego BOCES does not discriminate on the basis of an individual's actual or perceived race, color, religion, religious practice, national origin, ethnic group, sex, gender identity, sexual orientation, political affiliation, age, marital status, military status, veteran status, disability, weight, predisposing genetic characteristic, domestic violence victim status, or any other basis prohibited by New York state and/or federal non-discrimination laws in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups.

(PLEASE PRINT)

POSITION PREFERENCE

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____

TYPE OF EMPLOYMENT: Full-time Part-time Substitute Temporary Summer

HOW DID YOU LEARN ABOUT THE POSITION? _____

ARE YOU WILLING TO BE A SUBSTITUTE? _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal History Record Check for Prospective School Employees and Applications for Certification)?

Yes No Where: _____ When: _____

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY BOCES?

Yes No Where: _____ When: _____

PERSONAL INFORMATION

NAME: _____

CELL PHONE: () _____

PERMANENT ADDRESS: _____

HOME PHONE: () _____

CONTACT PREFERENCE: Cell Home

Preferred Name/Nickname: _____

EMAIL ADDRESS: _____

OTHER INFORMATION

Have you ever been released or asked to resign from an employment position? Yes No

If yes, please explain:

Have you ever been convicted of a criminal offense, excluding minor traffic offenses? Yes No

If yes, please explain:

Have you ever served in the U.S. Armed Forces? Yes No Branch _____

Were you dishonorably discharged from the U.S. Armed Forces? Yes No

If yes, please explain: _____

Are you legally eligible for employment in this country? Yes No

(Upon employment you will be asked to produce two original forms of identification.)

Name: _____

EDUCATION

Name and Location of School	Major/Minor	Did you Graduate?
High School		

Name and Location of School	Dates Attended	Sem Hrs.	Major/Minor	Degree
College (Undergraduate)				
College (Graduate)				
Vocational/Technical/Trade				

It is the applicant's responsibility to have official college transcripts, placement folder, and copy of certification forwarded to the Human Resources Office.

STUDENT TEACHING

Dates	Name and Location of School	Subject or Grade Level	Cooperating Teacher
1. _____	_____	_____	_____
2. _____	_____	_____	_____

TENURE STATUS

Were you ever appointed to tenure in a public school district or Board of Cooperative Educational Services in New York State? Yes No If yes, complete:

Tenure Area: _____ Date Tenure Granted: _____

Name and address of school district where tenure was granted:

CERTIFICATION/PROFESSIONAL LICENSE

I hold the **New York State** Teaching/Administrative Certificate(s) described below: *(provide copy)*

- Professional Initial Area: _____
- Professional Initial Area: _____
- Permanent Provisional Area: _____
- Permanent Provisional Area: _____

If you do not have a New York State Teaching Certificate, have you applied for one? Yes No

Other licenses held, type and issuing authority: _____ Exp. Date: _____
(provide copies)

Name: _____

EMPLOYMENT HISTORY

Begin with most recent. Indicate name worked under if different.

Employer:	Telephone	Dates Employed	
Address:		From:	To:
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time: _____ %
Immediate Supervisor, Title & Telephone	SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
Reason for Leaving:			
May we contact for reference: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Employer:	Telephone	Dates Employed	
Address:		From:	To:
Job Title		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time: _____ %
Immediate Supervisor, Title & Telephone	SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
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Immediate Supervisor, Title & Telephone	SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
Reason for Leaving:			
May we contact for reference: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Name: _____

REFERENCES

List three individuals having personal knowledge of your professional training, ability, experience and personal character. Include the name, address, and telephone number of your last administrator whom we may contact for a personal or professional reference.

	Name	Position	Address & Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONAL STATEMENT

Give any additional information which you think might be of value in considering you for a position, (*e.g.*, Avocations, Foreign Languages Spoken, Coaching Experience, Travel, Volunteer Work, etc.):

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____ Date: _____