

**Wayne-Finger Lakes
Board of Cooperative
Educational Services**

CERTIFIED

Employment Application

POSITION PREFERENCE

**We recognize & support
staff as our most
important resource.**

POSITION APPLYING FOR _____

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

ARE YOU WILLING TO BE A SUBSTITUTE? Yes No

MINIMUM ACCEPTABLE SALARY : \$ _____ DATE AVAILABLE : _____

HOW DID YOU LEARN OF THIS VACANCY: _____

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

FORMER NAMES: _____
(for purposes of verifying work & education records)

MAILING ADDRESS: _____

HOME PHONE: () _____

WORK PHONE: () _____

IN CASE OF AN EMERGENCY, CONTACT: _____
(Name) (Phone)

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT
SYSTEM? Yes No

If yes, what system? _____

What is your membership number? _____

PLEASE CHECK PREFERRED WORK LOCATION(S):

TECHNICAL & CAREER
EDUCATION:

- Ontario County Area
- Wayne County Area
- Other _____

SPECIAL EDUCATION

- Ontario County Area
- Wayne County Area
- Other _____

TECHNOLOGY / OTHER

- Regional Support Center,
Newark
- Genesee Valley BOCES,
LeRoy

HUMAN RESOURCES

Eisenhower Building
131 Drumlin Court
Newark, New York 14513-1863

Phone: 315-332-7400, ext. 0
Fax: 315-332-7465
Email: personnel-office@wflboces.org

OFFICE USE ONLY

EMPLOYMENT HISTORY (Begin with most recent, attach additional sheets if necessary)

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SALARY
ADDRESS				
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SALARY
ADDRESS				
JOB TITLE		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		
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REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

ADDITIONAL REFERENCES FAMILIAR WITH YOUR WORK

NAME	ADDRESS	PHONE	HOW KNOWN

MILITARY EXPERIENCE

Branch of Service: _____ Rank/Specialty: _____

Dates of Service: from _____ to _____

Did you have anything other than an honorable discharge? Yes No

If you answered yes, you will not necessarily be disqualified as an applicant for employment. Please explain below:

ADDITIONAL INFORMATION

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

If employed, you will be asked to produce two original forms of identification.

Do you have any health condition that would impair your ability to perform the essential functions of the position for which you are applying? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (misdemeanor and/or felony)? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Are any criminal charges or proceedings pending against you? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Have you ever been dismissed from a position or resigned to avoid dismissal? Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") to verify and investigate all statements I have made on the employment application, related papers and in interviews. I authorize the BOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the BOCES.

Signature

Date

Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") will thoroughly investigate my work and personal history and verify all data given on this application, related papers and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by BOCES, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the BOCES. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the BOCES, I agree to conform to its rules and regulations as set forth in the BOCES Employee Handbook and/or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the BOCES at any time at the BOCES' sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the BOCES, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 New York Laws, Chapter 180), I understand that I will not be eligible for employment by the BOCES if the New York State Education Department does not clear me for employment after my fingerprints are reviewed by the Division of Criminal Justice Services.

If requested by the BOCES in connection with this application and if given a bona fide offer of employment, I agree to take a medical examination in accordance with BOCES policies. I agree that the examining authority may disclose the findings of these examinations to the BOCES and that my initial employment is conditioned upon meeting the requirements of that examination as established by the BOCES.

This employment application will be valid for one (1) year from the date it is received.

Signature: _____

Date: _____

APPLICANT DATA RECORD (Optional)

Date: _____

As an employer, we comply with government regulations. We are collecting this data solely to help us with record keeping, reporting and other legal requirements. Please fill out this form. Submission of information is voluntary. We appreciate your cooperation.

Position (s) Applied for: _____

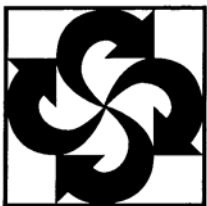
Referral Source: Advertisement Friend Relative
 Current Employee Walk-in Other _____

What is your gender? Male Female

What is your ethnicity?
 Caucasian/White (non-Hispanic) Black (non-Hispanic) Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native

What is your veteran/disability status?
 Veteran Disabled Veteran Disabled

Government agencies require periodic reports on gender, ethnicity, disabilities and veteran status of applicants. This data is kept in a CONFIDENTIAL FILE.

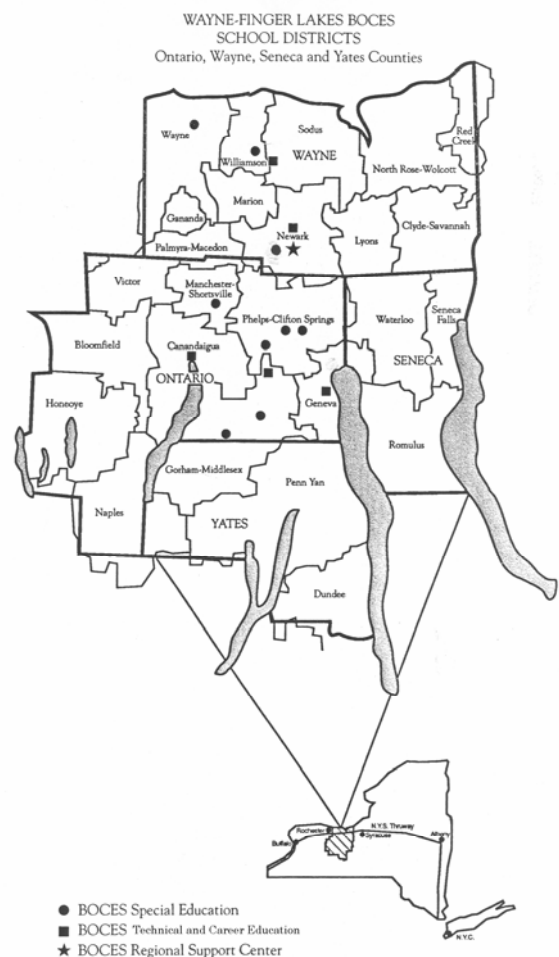


WAYNE-FINGER LAKES Board of Cooperative Educational Services

Created by the Intermediate School District Act of 1948, all 38 New York State Boards Of Cooperative Educational Services

(BOCES) provide assistance to rural school districts by utilizing combined resources and shared costs to provide valuable educational activities and support that would otherwise be uneconomical or inefficient for them to provide alone. Each BOCES has a specific service area which is called a "supervisory district." Our area is in the Wayne-Finger Lakes region, which is comprised of 25 school districts in Ontario, Seneca, Yates and Wayne counties.

Our BOCES works with the component districts to determine educational needs for students and staff. It also assists in determining business systems, maintenance and grounds, construction and purchasing needs. It then responds to those needs by providing services, facilities and personnel. As long as a service need exists for two or more districts, service is provided. When districts no longer desire certain services, those services are discontinued.





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131 Drumlin Court
Newark, New York 14513-1863

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Fax: 315-332-7465
Email: personnel-office@wflboces.org

Located between Rochester and Syracuse, our region excels! Educationally, there are numerous area institutions of higher learning within a 45 mile radius. Recreational activities include skiing (downhill and cross-country), snowmobiling, fishing, hunting, trail hiking, boating, golf, camping, etc. The region is also home to the Finger Lakes Wine District with more than 50 premium wineries open for tours. Year-round there are a myriad of festivals, fairs and events to choose from. Other cultural and entertaining activities include performing arts centers, water parks, lake tours, stock car racing, thoroughbred racing, nature centers, museums and historic sites.



**WAYNE-
FINGER LAKES**
Board of
Cooperative
Educational
Services

Regional Support Center
131 Drumlin Ct., Newark, NY 14513