

Office Use Only



HOME TUTOR EMPLOYMENT APPLICATION

This application is a standard form that requests typical teaching and educational information required by every school district in New York State. This application will be shared with the districts indicated by the applicant seeking employment. Please do not request transcripts or other credentials be sent until a specific school district(s) asks for them. Employment qualifications may vary slightly from one district to another.

PERSONAL INFORMATION

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

SOCIAL SECURITY NUMBER: _____

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

MAILING ADDRESS: _____

PRIMARY PHONE #: () _____

SECONDARY PHONE #: () _____

EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY, CONTACT: _____

(Name) (Phone) (Relationship)

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? Yes No
If yes, what system? Teachers' Employees' Other
What is your membership number? _____



**Students are
the heart & soul
of what we do.**

**RETURN YOUR
COMPLETED
APPLICATION
TO ▼**

HUMAN RESOURCES
Wayne-Finger Lakes BOCES
Eisenhower Building
131 Drumlin Court
Newark, NY 14513-1863

EQUAL EMPLOYMENT OPPORTUNITY / NON-DISCRIMINATION

The Wayne-Finger Lakes Board of Cooperative Educational Services shall not discriminate on the basis of age, sexual orientation, sex, race, color, creed, religion, national origin, political affiliation, marital status, veteran status, or disability against any employee or applicant seeking a position of employment as decreed by Law and is in compliance with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. The designated Compliance Officer for Title IX and Section 504 is the Assistant Superintendent for Human Resources. The Compliance Officer is available 8:00 a.m. to 4:30 p.m. at 131 Drumlin Court, Newark, NY 14513-1863 or via telephone (315) 332-7282.

Tutoring Office Hours
6:00 a.m. to 2:30 p.m.

Phone: 315-332-7548
Fax: 315-332-7357

CERTIFICATION / PROFESSIONAL LICENSE

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

Area	Date Issued	Expiration Date
<input type="checkbox"/> Permanent/Professional <input type="checkbox"/> Provisional/Initial Certification _____		
<input type="checkbox"/> Permanent/Professional <input type="checkbox"/> Provisional/Initial Certification _____		
<input type="checkbox"/> Other (specify) _____		

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

If certified in another state, please describe: _____

Other licenses held: type & issuing authority _____
(provide copy) expiration date

EDUCATIONAL PREPARATION

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

If requested, it is the applicant's responsibility to provide official college transcripts, placement folder, and copy of certification.

Student Teaching

Name and Location of School	Subject or Grade Level	Cooperating Teacher
1)		
2)		

STAFF DEVELOPMENT & PROFESSIONAL GROWTH PROGRAMS

Please list any training programs you have attended or continuing education units (ceu) you have received.

EMPLOYMENT HISTORY

(Begin with most recent. Attach additional sheets if necessary. Must be completed even if resume is attached.)

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		
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		
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				
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IMMEDIATE SUPERVISOR, TITLE & TELEPHONE				
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

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country? Yes No
If employed, you must produce two original forms of identification as specified on Form I-9, Employment Eligibility Verification.

Do you have any health condition that would impair your ability to perform some of the functions of the position for which you are applying? Yes No
If yes, please explain: _____

Have you ever been convicted of a violation of law? (exclude minor traffic violations) 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:

APPLICANT DATA RECORD (Optional)

*As an employer, we comply with government regulations and requests for periodic reports. We are collecting this data solely to help us with record keeping, reporting and other legal requirements. Submission of this information is voluntary. We appreciate your cooperation. This data is kept **CONFIDENTIAL**.*

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)
 Asian/Pacific Islander American Indian/Alaskan Native
 Hispanic

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

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 policies, administrative regulations, operational procedures and contracts. 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 and can be discharged 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, I will take a physical examination. 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

SUBJECTS YOU ARE QUALIFIED & WILLING TO TUTOR

Please check as many as apply

- | | |
|---|--|
| <input type="checkbox"/> All K—6 | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> German |
| <input type="checkbox"/> Math, level (s) _____ | <input type="checkbox"/> Latin |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Other Language, _____ |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Business |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Art |
| <input type="checkbox"/> Special Education K—6 | <input type="checkbox"/> Music |
| <input type="checkbox"/> Special Education 7—12 | <input type="checkbox"/> Health |

PREFERRED WORK LOCATIONS

Please check as many as apply; NOTE: not all districts participate in this service every year

- | | |
|--|--|
| <input type="checkbox"/> Bloomfield | <input type="checkbox"/> North Rose-Wolcott |
| <input type="checkbox"/> Canandaigua | <input type="checkbox"/> Palmyra-Macedon |
| <input type="checkbox"/> Clyde-Savannah | <input type="checkbox"/> Penn Yan |
| <input type="checkbox"/> Dundee | <input type="checkbox"/> Phelps-Clifton Springs (Midlakes) |
| <input type="checkbox"/> Gananda | <input type="checkbox"/> Red Creek |
| <input type="checkbox"/> Geneva | <input type="checkbox"/> Romulus |
| <input type="checkbox"/> Gorham-Middlesex (Marcus Whitman) | <input type="checkbox"/> Seneca Falls |
| <input type="checkbox"/> Honeoye | <input type="checkbox"/> Sodus |
| <input type="checkbox"/> Lyon | <input type="checkbox"/> Victor |
| <input type="checkbox"/> Manchester-Shortsville (Red Jacket) | <input type="checkbox"/> Waterloo |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Naples | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Newark | <input type="checkbox"/> Area hospitals to include Rochester |

We recognize and support staff as our most important resource.

DAYS AVAILABLE

- [] Monday
[] Tuesday
[] Wednesday
[] Thursday
[] Friday

TIMES AVAILABLE

- [] Morning
[] Afternoon
[] Evening