

Date _____



Employment Application

Position Preference

☐ Teaching

☐ Substitute Teaching

Subject _____

☐ Administrative

Position _____

☐ Non-Teaching

Position _____

Personal Information

Name _____
Last First Middle

Present Mailing Address _____ Phone () _____
Zip _____

Permanent Mailing Address _____ Phone () _____

Email _____ Zip _____

Social Security Number _____ - _____ - _____ Retirement No. _____

"In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire."

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain. _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)? ☐ Yes ☐ No

Are you a dishonorably discharged veteran? ☐ Yes ☐ No ☐ N/A

Certification/License

I hold the **New York State** Teaching/Teaching Assistant/Administrative Certificate(s) described below. ***Please provide copies.***

Subject Area	Type*	Effective Date	Expiration Date (if applicable)

* Teaching/Administrative: Provisional, Permanent, Initial, Professional, Transitional
Teaching Assistant: Temporary, Continuing, Level I, Level II, Level III, Pre-Professional

Other license(s) held; type and issuing authority _____

Educational Preparation

Name and Location of School	Nature of Studies	Did You Graduate? (Y or N)	
High School			
College (Undergraduate)			
College (Graduate)			
Vocational/Technical/Trade			

Teaching or Administrative Experience

List most recent experience first. Include any substitute or part time teaching, and indicate as such.

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

Other Work Experience

Dates Employed	Employer's Name & Address	Specific Nature of Position	Reason for Leaving

Tenure Status

Were you ever appointed on tenure in a public school district in New York? ☐ Yes ☐ No If yes, complete the following.

Tenure Area _____ Effective Date _____

Were you ever dismissed from the school district conferring tenure pursuant to Education Law section 3020a? ☐ Yes ☐ No

Name and address of school district where tenure was granted: _____

Professional & Scholastic Organizations, Memberships, Honors

Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.

Other Skills and Abilities

For example: coaching, knowledge of sign language

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 supervisor who may be contacted for a personal or professional reference.

Name	Position	Address & Telephone No.

May we refer to your present employer? ☐ Yes ☐ No

May we refer to your former employer? ☐ Yes ☐ No

Placement Folder may be secured from: (Name and Address) _____

Applicant's Statement

Give any additional information which you think might be of value in considering you for a position.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

Applicant's Signature

Date

Please return completed application to:
HR Director/School Attorney
Onondaga-Cortland-Madison BOCES
PO Box 4754
Syracuse, New York 13221

*OCM BOCES is an equal opportunity employer. Inquiries regarding this can be directed to: Joseph Bufano, HR Director/School Attorney
OCM BOCES, PO Box 4754, Syracuse, NY 13221; (315) 433-2631.*