

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. \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, have you filed a declaration of intention to become a citizen?  Yes  No

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.

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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.*