

# Employment Application

## GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_

Please list any other name you have been known by in the past \_\_\_\_\_

Present address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent home address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Until what date? \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

*HFM BOCES is an equal opportunity employer.*

**Non-discrimination notice:**

*HFM BOCES does not discriminate on the basis of race, color, national origin, creed, sex, age, handicap, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications or discrimination in connection with those listed areas.*

## POSITION PREFERENCE

Title \_\_\_\_\_

Date available for work \_\_\_\_\_

## PERSONAL DATA

Have you ever been asked to resign or terminated from employment because of a disciplinary action? \_\_\_\_\_

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your teacher certification ever been terminated or suspended pursuant to a part 83 hearing? \_\_\_\_\_

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dishonorably discharged from military duty? \_\_\_\_\_

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_  
(not including misdemeanors or summary offenses)

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you legally work in the U.S.?

Yes  No

**Upon employment you will be asked to produce identification in accordance with the Immigration Reform and Control Act of 1985.**

## EDUCATIONAL PREPARATION

Do you have a High School or Equivalency Diploma? Yes  No

School Name /Location	Dates Attended	Semester Hours	Major/Minor	GPA	Degree	Date Granted
College (undergraduate)						
College (graduate)						
Vocational/Technical Trade						

## STUDENT TEACHING

Date	School Name/Location	Subject/Grade Level	Cooperating Teacher

## TENURE STATUS

Were you ever appointed to tenure in a public school district in New York State? Yes  No  If yes, please complete:

Tenure Area \_\_\_\_\_ Date Tenure Granted \_\_\_\_\_

Name/address of school district where tenure was granted \_\_\_\_\_

After receiving tenure, were you ever dismissed from any school district pursuant to NY Education Law section 3012 and 3020-a? Yes  No

## CERTIFICATION/PROFESSIONAL LICENSE INFORMATION

*It is the applicant's responsibility to have sent to HFM BOCES the following: Your official college transcripts, placement folder (if available) or a minimum of three written references, and a copy of certification or licensure issued by the State of New York.*

A. I hereby certify that I hold a teaching certificate issued by the University of the State of New York as follows:

Form of certification	Area of Certification	Date

B. A candidate not officially certified to teach in the public schools of New York State should give the status of his or her application, if any, as follows:

- Application submitted to and approved by the NYS Department of Education – certificate forthcoming  
 Application filed, decision pending     Application not filed

## **CERTIFICATION INFORMATION (CONTINUED)**

C. Have you taken the required New York State Teacher Examinations? Yes  No

D. List your teaching certificates from other states \_\_\_\_\_

E. List any New York State professional licenses you hold \_\_\_\_\_

F. If you are not certified, but are working towards certification, please summarize your present status \_\_\_\_\_

## **EMPLOYMENT HISTORY**

Employer	Telephone	Dates employed	Salary
Address			
Job Title			
Immediate Supervisor, Title, Telephone			
Reason for leaving			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer	Telephone	Dates employed	Salary
Address			
Job Title			
Immediate Supervisor, Title, Telephone			
Reason for leaving			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer	Telephone	Dates employed	Salary
Address			
Job Title			
Immediate Supervisor, Title, Telephone			
Reason for leaving			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

Employer	Telephone	Dates employed	Salary
Address			
Job Title			
Immediate Supervisor, Title, Telephone			
Reason for leaving			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

