



Certified Teacher/Administrator
Employment Application

HFM BOCES is an equal opportunity employer. (Non-Discrimination Statement on page 5.)

GENERAL INFORMATION

Name: Last First Middle

Have you gone by any other legal name? Please list other legal names used:

Current mailing address:

Permanent home address, if different:

Phone Number: Alternate Phone Number:

Email:

All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with HFM BOCES. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

Are you legally authorized to work in the United States? Yes No
Upon employment you will be asked to produce documentation in accordance with the Immigration Reform and Control Act of 1985

Are you over 18 years old? Yes No
Subject to verification of minimum legal age requirements

Have you ever served in any branch of the United States Armed Forces? Yes No
If yes, type of discharge

Have you ever worked for BOCES: Yes No
If yes, what department:

Have you ever been fingerprinted for employment? Yes No
Where: Why:

Have you previously resigned from a position in lieu of being terminated? Yes No

Have you ever been convicted of a crime? Yes No
If yes please explain:

Have you ever been the subject of a report pursuant to Part 83 of the Commissioner's regulations?
Yes No

Have you ever been the subject of charges under Section 3020-a of the NYS Education Law or any other provision of law? Yes No

As a result of prior employment with a public employer in the State/City of New York, are you receiving a pension from a New York State Retirement System? NOTE: NYS Law imposes strict limitations on those retired or intending to retire and draw a pension from NYS public employment system.

Yes No If yes, list agency and dates

POSITION PREFERENCE

Title Date available for work

Type of employment desired Full-time Part-time Temporary



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**EDUCATION**

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

Highest Level of Education Attained: \_\_\_\_\_

Institution	School Name/Location	Major/Minor	Degree
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 comment:

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

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

After receiving tenure, were you ever dismissed from any school district pursuant to NYS Education Law Section 3020-a? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been eligible but denied tenure? Yes\_\_\_\_\_ No\_\_\_\_\_

**CERTIFICATION/PROFESSIONAL LICENSE INFORMATION**

It is the applicant's responsibility to have sent to HFM BOCES the following: Your official college transcripts, as well as your placement folder (if available) or a minimum of three written references.

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

Certification Area	Type of Certification	Date



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- 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
- C. Have you taken the required New York State Teacher/Administrator Examinations? \_\_\_\_\_ Yes  
\_\_\_\_\_ No
- D. List your teaching/administrator certificates from other states \_\_\_\_\_
- E. Total years of paid full-time educational experience in New York State: \_\_\_\_\_ years

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title \_\_\_\_\_

Immediate Supervisor, Title, Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

My we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title \_\_\_\_\_

Immediate Supervisor, Title, Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

My we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later



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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title \_\_\_\_\_

Immediate Supervisor, Title, Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title \_\_\_\_\_

Immediate Supervisor, Title, Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Job Title \_\_\_\_\_

Immediate Supervisor, Title, Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**OTHER REFERENCES FAMILIAR WITH YOUR WORK**

Name	Address	Phone	Relationship

I hereby authorize HFM BOCES to make an investigation of my past employment and waive the right of access to any information submitted by these references.

**NON-DISCRIMINATION STATEMENT**

HFM BOCES is committed to equal opportunity in educational programs, admissions and employment. Hamilton-Fulton-Montgomery BOCES does not discriminate on the basis of an individual’s actual or perceived race, color, religion, religious practice, national origin, ethnic group, sex, gender identity, sexual orientation, political affiliation, age, marital status, military status, veteran status, disability, weight or any other basis prohibited by New York state and/or federal non-discrimination laws in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the BOCES non-discrimination policies should be directed to Aaron Flynn (aflynn@hfmboces.org), Human Resources Manager, (518) 736-4681 ext. 4684, or Dr. Lorraine Hohenforst (Lhohenforst@hfmboces.org), Deputy Superintendent, (518) 736-4305, HFM BOCES, 2755 State Highway 67, Johnstown, NY 12095. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov. (Revised Jan. 1, 2016)

The Federal Office of Civil Rights requires that a non-discrimination statement be included on any “bulletins, announcements, publications, catalogs, application forms, or other recruitment materials that are made available to participants, students, applicants, or employees.”



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**ACKNOWLEDGMENTS**

I understand that this application is not a contract of employment. I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I do authorize an investigation of all statements herein and further authorize all cited references to give HFM BOCES any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize HFM BOCES for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application.

I understand that any omissions on this application may prevent my application from being evaluated and that any misrepresentation, falsification or omission on this application or on other documents submitted to HFM BOCES will be sufficient cause for this application not to be considered by HFM BOCES and may be cause for discharge if I have been employed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If offered employment by HFM BOCES, I certify that I have not already accepted an offer of employment from another school district. I am committed to fulfilling the obligations of this employment offer.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize HFM BOCES to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to HFM BOCES.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that fingerprint clearance is required before I am eligible to be employed and that a complete Criminal Background Check (CBC) may be conducted. If required, I understand that I will have to pay the required fees.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send documents to:  
HFM BOCES  
Attn: Human Resources  
2755 State Highway 67, Johnstown, NY 12095