



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.

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: _____
 Reason for Leaving _____
 My we contact for reference? _____ Yes _____ No _____ Later

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Address: _____

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Job Title _____

Immediate Supervisor, Title, Telephone: _____

Dates Employed: _____

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Employer: _____

Address: _____

Telephone: _____

Job Title _____

Immediate Supervisor, Title, Telephone: _____

Dates Employed: _____

Reason for Leaving _____

My we contact for reference? _____ Yes _____ No _____ Later

Employer: _____

Address: _____

Telephone: _____

Job Title _____

Immediate Supervisor, Title, Telephone: _____

Dates Employed: _____

Reason for Leaving _____

My we contact for reference? _____ Yes _____ No _____ Later



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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