

Substitute Services Employment Application

To be considered for employment as a substitute, complete and return the following:

SUBSTITUTE TEACHER

- HFM BOCES Application
- Details to submit:
 - College Transcript showing 60+ credits earned
 - Teaching Certification Information (if attained)

SUBSTITUTE TEACHER'S AIDE

- HFM BOCES Application
- [Civil Service Application](#)
- Details to submit:
 - High School Transcript/Diploma or GED

SUBSTITUTE TEACHING ASSISTANT

- HFM BOCES Application
- Details to submit:
 - Certification Information and/or High School Transcript/Diploma or GED

SUBSTITUTE TYPIST (CLERICAL)

- HFM BOCES Application
- [Civil Service Application](#)
 - Needs to show 1 year typing work experience
- Details to submit:
 - High School Transcript/Diploma or GED

SUBSTITUTE NURSE (RN/LPN)

- HFM BOCES Application
- [Civil Service Application](#)
- Details to submit:
 - RN/LPN License Information
 - Basic Life Support Certification

SUBSTITUTE FOOD SERVICE HELPER (HFM BOCES DISTRICT ONLY)

- HFM BOCES Application
- [Civil Service Application](#)

SUBSTITUTE CUSTODIAL WORKER (HFM BOCES DISTRICT ONLY)

- HFM BOCES Application
- [Civil Service Application](#)

If applying for multiple positions with the same form requirements, you are only required to complete one set of the forms

Substitute Services Employment Application



PERSONAL INFORMATION

Name: _____
Last First Middle

Please list other legal names used (if applicable): _____

Current Mailing Address: _____

Permanent Home Address (if different): _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

SUBSTITUTE POSITION(S) FOR WHICH YOU ARE APPLYING

- | | | |
|---|--|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Custodial Worker |
| <input type="checkbox"/> Teaching Assistant | <input type="checkbox"/> Typist (Clerical) | |
| <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Food Service Helper | |

Date available to start work: _____

SCHOOL DISTRICT SELECTION

Please select the corresponding school(s) you would like to see available jobs for:

SCHOOL DISTRICTS

- Broadalbin-Perth Central SD
- Canajoharie Central SD
- Edinburg Common SD
- Fonda-Fultonville Central SD
- Fort Plain Central SD
- Gloversville Enlarged SD
- Greater Amsterdam SD
- Greater Johnstown SD
- Mayfield Central SD
- Northville Central SD
- Oppenheim-Ephratah-St. Johnsville CSD
- Wheelerville Union Free SD

HFM BOCES LOCATIONS

- Adirondack Academy (Main Campus)
- Ag PTECH (St. Johnsville)
- Career & Technical Center (Main Campus)
- Foothills PTECH (JHS)
- PTECH (Jansen Ave.)
- Special Education (Multiple Locations)

GRADE LEVELS:

- High School Middle School Elementary

PROFESSIONAL REFERENCES (No family members or personal friends)

NAME	EMAIL ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION INFORMATION

INSTITUTION	SCHOOL NAME/LOCATION	MAJOR/MINOR	DEGREE
College (undergraduate)	_____	_____	_____
College (graduate)	_____	_____	_____
Vocational/Technical	_____	_____	_____
Other Area(s)	_____	_____	_____

CERTIFICATION & PROFESSIONAL LICENSE INFORMATION

CERTIFICATION/PROFESSIONAL LICENSE AREA & TYPE	STATE ISSUED	EXPIRATION DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMPLOYMENT HISTORY

Employer: _____
Address: _____
Telephone: _____ Job Title: _____
Immediate Supervisor & Title: _____
Dates Employed: _____ to _____
Reason for Leaving: _____
May we contact for a reference? Yes No Later

Employer: _____
Address: _____
Telephone: _____ Job Title: _____
Immediate Supervisor & Title: _____
Dates Employed: _____ to _____
Reason for Leaving: _____
May we contact for a reference? Yes No Later

Employer: _____

Address: _____

Telephone: _____ Job Title: _____

Immediate Supervisor & Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

May we contact for a reference? Yes No Later

Employer: _____

Address: _____

Telephone: _____ Job Title: _____

Immediate Supervisor & Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

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Address: _____

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Immediate Supervisor & Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

May we contact for a reference? Yes No Later

Employer: _____

Address: _____

Telephone: _____ Job Title: _____

Immediate Supervisor & Title: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

May we contact for a reference? Yes No Later

■ EMPLOYMENT ELIGIBILITY

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: _____ Dates Employed: _____ to _____

Have you ever been fingerprinted for employment? Yes No

If yes, 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 _____

■ 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 (afynn@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."

■ 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.

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.

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.

I certify that I have read and understand the [job description](#) for the position/s for which I am applying.

By signing below, I certify that I understand and agree to the above stated acknowledgments.

Applicant's Signature: _____ Date: _____

PLEASE SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO:

HFM BOCES
Attn: Substitute Services
2755 State Highway 67
Johnstown, NY 12095

Email: subsvc@hfmboces.org
Phone: (518) 736-4390
Fax: (518) 736-4311