



Non-Certified
Employment Application

HFM BOCES is an equal opportunity employer. (Non-Discrimination Statement on page 4.)

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:

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\_\_\_\_\_

Institution	School Name/Location	Major/Minor	Degree
College (undergraduate)			
College (graduate)			
Vocational/Technical Trade			
Vocational/Technical Trade (2)			
High School			

If the minimum qualifications for this position require a license or other authorization to practice a trade or profession, complete the following question and include a copy of your license. If not currently licensed, check here \_\_\_\_\_

Name of trade	License Number	Granted by (licensing agency)	City or State
Specialty	Date Licensed	Registered	From: (Mo./Yr.) To: (Mo./Yr.)

If required, do you have a valid license to operate a motor vehicle in New York State? \_\_\_\_Yes\_\_\_\_No

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

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

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

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

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

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

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

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

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

**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 you 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 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: \_\_\_\_\_

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:  
Attn: Human Resources  
HFM BOCES  
2755 State Highway 67  
Johnstown, NY 12095