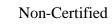


HFM BOCES is an equal opportunity employer. (Non-Discrimination Statement on page 4.)

GENERAL INFORMATION

Name:		
Last	First	Middle
Have you gone by any other lega	l name? Please list other legal nam	es used:
Current mailing address:		
Permanent home address, if diffe	erent:	
Phone Number:	Alternate Phone Nu	umber:
Email:		
	oyment in the United States and maintain the tingent upon the provision of proof of the ri	
	ork in the United States? Yesasked to produce documentation in accord	
Are you over 18 years old? Yes_ Subject to verification of minin	No num_legal age requirements	
·	nch of the United States Armed Fore	ces? Yes No
Have you ever worked for BOCE If yes, what department:	ES: Yes No	
	d for employment? Yes No_ Why:	
Have you previously resigned from	om a position in lieu of being termin	nated? YesNo
Have you ever been convicted of If yes please explain:	a crime? YesNo	
a pension from a New York State intending to retire and draw a pension from	e Retirement System? NOTE: NYS La	City of New York, are you receiving w imposes strict limitations on those retired or
Position Preference	5	
Type of employment desired	Date available for work	K





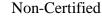
EDU (CATIO	N								
_			~		_		~	~		

Institution	School Name/Location	Major/Minor	Degree
College			
(undergraduate)			
College (graduate)			
Vocational/Technical Trade			
Vocational/Technical Trade (2)			
High School			
_	e following question and in	e a license or other authorization aclude a copy of your license. If	_
Name of trade	License Number	Granted by (licensing agency)	City or State
Specialty D	Oate Licensed Register	red From: (Mo./Yr.)	To: (Mo./Yr.)
If required, do you have a	valid license to operate a n	notor vehicle in New York Stat	e?No
EMPLOYMENT HIST	ORY		
Employer:			
Address:			
Telephone:			
Job Title			
Immediate Supervisor, Ti	tle, Telephone:		
Dates Employed:			
Reason for Leaving			
My we contact for referen	ce?Yes	No Late	er



Non-Certified **Employment Application**

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	
Employer:				
Address:				
Telephone:				
Job Title				
Immediate Supervisor, Title, Telephone	:			
Dates Employed:				
Reason for Leaving				
My we contact for reference?	Yes	No	Later	





Employer:			
Address:			
Job Title			
	ele, Telephone:		
Dates Employed:			
Reason for Leaving			
My we contact for referen	ce?Yes	No	Later
	s Familiar with yo		
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, including admissions and employment, 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 9/2020)

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 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 submauthorize all government agencies to provide information a	
Applicant's Signature:	Date:
I understand that fingerprint clearance is required before I Background Check (CBC) may be conducted. If required,	
Applicant's Signature:	Date:

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