



# 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

Teacher

School Nurse

Custodial Worker

Teaching Assistant

Typist (Clerical)

Teacher's Aide

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)

Career & Technical Center (Main Campus)

PTECH (Glebe Street)

PTECH (Main Campus)

Special Education (Multiple Locations)

Special Education (Non HFM BOCES 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 \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact for a reference?    Yes    No    Later

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

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

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

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

May we contact for a reference?    Yes    No    Later

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

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

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

May we contact for a reference?    Yes    No    Later

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

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

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

May we contact for a reference?    Yes    No    Later

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

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

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, 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 Dr. Aaron Bochniak (abochniak@hfmboces.org), Assistant Superintendent for BOCES Operations and Component District Services, (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 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: \_\_\_\_\_

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### PLEASE SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO:

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

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