



Date \_\_\_\_\_

**Position(s) Applied for:**  Full Time  Part-Time  
 Clerical  Custodial  Maintenance  Teacher Aide  Food Service  Other \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_  
Last First Maiden

Other Name(s) \_\_\_\_\_  
(Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records.)

Present Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Soc. Sec. No. | | | - | | - | | | |

- Estimate your total absences from work for the past five years. \_\_\_\_\_
- Do you have any disability which would prevent you from performing, with or without accommodation, those activities involved in the job for which you are applying?  Yes  No
- Are you a veteran?  Yes  No If yes, provide dates of service. \_\_\_\_\_  
 Did you receive a dishonorable discharge?  Yes  No
- Are you a volunteer firefighter?  Yes  No If yes, provide dates of service and department worked as a firefighter  
 \_\_\_\_\_
- Have you ever been convicted of a crime, excluding minor traffic violations?  Yes  No If yes, please explain on a separate sheet, citing date, offense and disposition of case.
- Are you an active or retired member of the NYS Retirement system?  Yes  No ERS  TRS  # \_\_\_\_\_
- Are you a U.S. citizen?  Yes  No If no, are you legally eligible to work?  Yes  No
- Have you been fingerprinted?  Yes  No If yes, where? \_\_\_\_\_ Date \_\_\_\_\_

**Educational Background**

School	Name and Location	Course of study	Did you graduate?	Degree or diploma conferred
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational Training/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in professional or civic organization \_\_\_\_\_

**Activities**

Activities in High School, College, Community \_\_\_\_\_

Awards, Honors, Recognition \_\_\_\_\_

Please provide additional information for the position for which you are applying.

### Teacher Aide

Indicate experiences that qualify you for working with children in a school setting. \_\_\_\_\_  
\_\_\_\_\_

Are you interested in substitute work in this area?  Yes  No

### Food Service

Have you ever had experience in preparing and serving food in an institutional setting? If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

Are you interested in substitute work in this area?  Yes  No

### Clerical

Your average typing speed \_\_\_\_\_ W.P.M. Do you know word processing?  Yes  No

If yes, program \_\_\_\_\_

Other computer programs with which you have worked extensively: \_\_\_\_\_

Have you taken any Civil Service Examinations for clerical positions?  Yes  No

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

Title(s) \_\_\_\_\_ Score(s) \_\_\_\_\_

Are you interested in substitute work in this area?  Yes  No

### Custodial

Have you had experience or training in institutional cleaning?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever supervised others in an institutional cleaning operation?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you taken any Civil Service Examinations for custodial positions?  Yes  No

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

Title(s) \_\_\_\_\_ Score(s) \_\_\_\_\_

Are you interested in substitute work in this area?  Yes  No

### Maintenance

Indicate experience or training that qualifies you to work in a specific skill or trade. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

List most recent experience first. List all prior employers. Use additional sheet if needed. Do NOT OMIT any employment. Failure to list your complete employment record will disqualify you from employment at Western Suffolk BOCES.

1	Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
		Phone ( )	Salary				
Your job title _____							
Describe the work you did _____							
_____							

2	Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
		Phone ( )	Salary				
Your job title _____							
Describe the work you did _____							
_____							

3	Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
		Phone ( )	Salary				
Your job title _____							
Describe the work you did _____							
_____							

4	Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
			Mo.	Yr.	Mo.	Yr.	
		Phone ( )	Salary				
Your job title _____							
Describe the work you did _____							
_____							

Indicate any Employers listed above whom you do not wish us to contact. \_\_\_\_\_

Have you ever been terminated, or asked to resign from a position?  Yes  No If yes, explain on a separate sheet.

**Other Work-Related References:** Complete fully.

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_

I hereby authorize Western Suffolk BOCES to contact references listed above or to contact any other persons who may be familiar with my work or character. I waive my right of access to any information provided by any references in the process of investigating my personal background and work record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal if employed, regardless of what or when discovered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Western Suffolk BOCES Non-Discrimination Notice**

The Board of Cooperative Educational Services of Western Suffolk County, New York does not discriminate on the basis of age, religion, creed, ethnic origin, national origin, marital status, race, color, gender, sexual orientation, veteran status, weight, disability or handicap in the educational programs or activities it operates and provides equal access to the Boy Scouts and other designated youth groups. This policy of non-discrimination includes the recruitment, hiring and advancement of employees; salaries, pay and other benefits; counseling services to students; student access to course offerings; lawful political activities; educational programs and other activities; and the business activities of the Board. Inquiries concerning the application of regulations prohibiting discrimination may be referred to the BOCES Compliance Officer, Paula Klingelhofer, who may be contacted at 507 Deer Park Road; PO Box 8007; Huntington Station, NY 11746-9007 or 631-549-4900, x204 or email [pklingel@wsboces.org](mailto:pklingel@wsboces.org). Or, inquiries may be made by contacting the Office for Civil Rights at NY Office for Civil Rights, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500 or call 646-428-3900, or fax 646-428-3843, or TDD 800-877-8339, or email [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov) or file form at <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>