



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 Permanent Mailing Address
 Street _____
 Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone No. () _____ Telephone No. () _____

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

1. Estimate your total absences from work for the past five years. _____
2. 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
3. Are you a veteran? Yes No If yes, provide dates of service. _____
 Did you receive a dishonorable discharge? Yes No
4. Are you a volunteer firefighter? Yes No If yes, provide dates of service and department worked as a firefighter

5. 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.
6. Are you an active or retired member of the NYS Retirement system? Yes No ERS TRS # _____
7. Are you a U.S. citizen? Yes No If no, are you legally eligible to work? Yes No
8. 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, Dr. Hugh Gigante, who may be contacted at 507 Deer Park Road; PO Box 8007; Huntington Station, NY 11746-9007 or 631-549-4900, x204 or email hgigante@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 or file form at <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>