

# EMPLOYMENT APPLICATION

Schuyler-Steuben-Chemung-Tioga-Allegany Board of Cooperative Educational Services  
(GST BOCES)  
[www.gstboces.org](http://www.gstboces.org)

*The Board of Cooperative Educational Services does not discriminate in employment or in the educational programs and activities which it operates on the basis of age, sex, race, sexual orientation, national origin, color, religion or handicap in violation of Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 or Section 504 of the Rehabilitation Act of 1973.*

(Type or Print, completing in full, without stating "see attached")

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph #: ( ) \_\_\_\_\_ Cell Ph #: ( ) \_\_\_\_\_  
Other Ph #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

How did you find out about this position?  
 Newspaper  Vacancy Notice  Website  Word of Mouth  
 Walk-In  Other – specify: \_\_\_\_\_

Have you ever previously worked for this organization?  YES  NO  
If YES, list previous date(s) of employment : \_\_\_\_\_  
List previous position title(s): \_\_\_\_\_

List below any other surname (last name) by which you may have previously been known:  
\_\_\_\_\_

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work records?  YES  NO  
If YES, explain: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO  
If NO, give your Alien Registration Number: \_\_\_\_\_  
If not a U.S. citizen, do you intend to become a U.S. citizen?  YES  NO  
If not a U.S. citizen, do you have the legal right to remain permanently in the U.S.?  
Do you intend to remain permanently in the U.S.?  YES  NO

NOTE: If hired, federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States.

Do you have any condition that may interfere with your ability to perform the job for which you are applying?  
 YES  NO  
If YES, explain: \_\_\_\_\_

## EDUCATION

	Name and Address of Institution	Graduated		Type of Degree, Diploma or Certificate
		YES	NO	
High School		<input type="checkbox"/>	<input type="checkbox"/>	
Colleges, Universities & Graduate Schools		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Special Training		<input type="checkbox"/>	<input type="checkbox"/>	

## CERTIFICATE/LICENSE

Subject Area/Grade Level	Number	Type (e.g., Temporary, Adult Ed., Provisional, Permanent)	Date Issued				State
				/		/	
				/		/	
				/		/	
				/		/	

## TENURE

Have you previously been granted tenure in New York State?     YES     NO

Name of School District	Tenure Area	Effective Date			
			/		/
			/		/

## PERSONAL INFORMATION

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A. Have you ever resigned from a position rather than face disciplinary action?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any disciplinary action been brought against you which resulted in your being discharged from employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever served with the U.S. Military, including the Army, Navy, Air Force, etc.?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of a criminal offense?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you now under charges for any crime (felony or misdemeanor)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges?         | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you ever had a teaching credential revoked, suspended or annulled?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a?      | <input type="checkbox"/> | <input type="checkbox"/> |

**\*If you answered YES to any of the questions above, please see page 4 for further instructions.**

## EMPLOYMENT

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **PLEASE NOTE: This section must be filled out completely. Do NOT state "See attached".**

**Key: F/T = Full Time P/T = Part Time**

<b>Employer:</b>		<b>Employed From</b>				<b>Through</b>			
		/	/	/	/	/	/	/	/
Address:		<input type="checkbox"/>	F/T			<input type="checkbox"/>	P/T		
Phone #:	(    )	<b>Salary – Starting</b>				<b>Final</b>			
Job Title:		\$				\$			
Supervisor:									
Work performed:									
Reason for leaving:									

<b>Employer:</b>		<b>Employed From</b>				<b>Through</b>			
		/	/	/	/	/	/	/	/
Address:		<input type="checkbox"/>	F/T			<input type="checkbox"/>	P/T		
Phone #:	(    )	<b>Salary – Starting</b>				<b>Final</b>			
Job Title:		\$				\$			
Supervisor:									
Work performed:									
Reason for leaving:									

<b>Employer:</b>		<b>Employed From</b>				<b>Through</b>			
		/	/	/	/	/	/	/	/
Address:		<input type="checkbox"/>	F/T			<input type="checkbox"/>	P/T		
Phone #:	(    )	<b>Salary – Starting</b>				<b>Final</b>			
Job Title:		\$				\$			
Supervisor:									
Work performed:									
Reason for leaving:									

<b>Employer:</b>		<b>Employed From</b>				<b>Through</b>			
		/	/	/	/	/	/	/	/
Address:		<input type="checkbox"/>	F/T			<input type="checkbox"/>	P/T		
Phone #:	(    )	<b>Salary – Starting</b>				<b>Final</b>			
Job Title:		\$				\$			
Supervisor:									
Work performed:									
Reason for leaving:									

**If you need additional space, please continue on a separate sheet of paper**

## SPECIAL SKILLS, QUALIFICATIONS AND HONORS

Summarize special skills, qualifications and honors acquired from employment, education or other experience:

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List any other organizations of which you are a member that you consider relevant to your job. Include any volunteer or community service as well as major assignments or offices held:

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### REFERENCES

List below three **(3)** professional references who have observed your work.

Name	Address	Phone Number	
		(   )	
		(   )	
		(   )	

List below three **(3)** personal references, **not related to you**, who may be contacted.

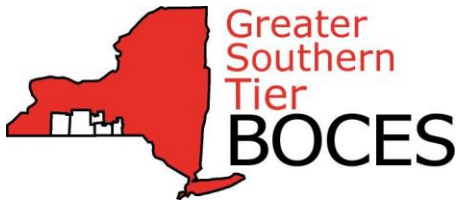
Name	Address	Phone Number	
		(   )	
		(   )	
		(   )	

**\*If you answered YES to any of the personal information questions on page 2, provide on a separate sheet the specifics or an explanation for the reason. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.**

This application may be electronically submitted to Human Resources at [HR@gstboces.org](mailto:HR@gstboces.org). The affirmation and signature page (page 5) must be printed, signed and mailed to Human Resources for the application to be valid.

**The following additional materials are required to complete your applicant file, prior to being considered for a position with GST BOCES:**

- Letter of interest (may be e-mailed)
- detailed résumé (may be e-mailed)
- copies of all college undergraduate and graduate transcripts **OR** high school diploma if no college education
- copies of certifications, licenses or registration certificates
- three (3) current letters of professional reference (less than one year old)



**GST BOCES APPLICATION AFFIRMATION AND SIGNATURE PAGE**

**Please read the following statements, print this page and sign below. This signature page must be mailed to GST BOCES at the address noted for your electronically submitted application to be valid.**

I hereby declare that the information provided by me is true, factual and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by GST BOCES, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the GST BOCES hiring process creates a contract of employment and that GST BOCES, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize GST BOCES to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends and business associates and others who GST BOCES, in its sole judgment, believes has relevant information. I will not make any claims against GST BOCES or persons that GST BOCES may contact during the investigation of references and my application in general.

I hereby release GST BOCES and such persons from any and all claims related in any way to such reference checks or investigation of my application in general.

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Date

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Signature

**Submit the following additional materials: letter of interest, detailed résumé, copies of all college undergraduate and graduate transcripts OR high school diploma if no college education, copies of certifications, licenses or registration certificates and three (3) current letters of professional reference (less than one year old).**

**To: GST BOCES Human Resources  
9579 Vocational Drive  
Painted Post, New York 14870-9518**

**Greater Southern Tier Board of Cooperative Educational Services**

*Serving Schuyler, Steuben, Chemung, Tioga and Allegany Counties*

**Coopers Campus: 9579 Vocational Drive, Painted Post, NY 14870 • Phone: 607-962-3175 or 607-324-7880**