

Board of Cooperative Educational Services St. Lawrence-Lewis Counties P.O. Box 231, 40 West Main Street, Canton, New York 13617

APPLICATION FOR EMPLOYMENT

EER Form.App~016~5/12

Board of Cooperative Educational Services

Applicant Initial ___

___ - Notary Initial _

Applicant: Thank you for your interest in our organization. It is the policy of the Board of Cooperative Educational Services not to discriminate on the basis of actual or perceived race, color, national origin, disability, age, religion, creed, sex, sexual orientation, marital status, political affiliation, military or veteran status, or any other protected class or status recognized by federal, state or local law, in the educational programs or activities which it operates. To enable us to properly evaluate this application, please answer all questions carefully and as completely as possible.

Name:							
Last	Fi	irst				Middle Initia	al
Other names, current or previous, under which	you are or have b	een employed:					
Social Security: XXX-XX-	Telephone:	Email:					
Address:							
Number Sti	reet	•	/Town			State	Zip
Position applied for:		Full-time	_ Part-ti	ime Per	manent	Tempo	orary
U.S. Citizen:Yes No							
If not a citizen, indicate type of visa:		Alien Registration No.:					
Have you ever been convicted of a felony or m (Conviction	isdemeanor? will not necessar	Yes ily disqualify an appli	No icant fro	m employment	.)		
Are there any criminal charges pending agains	t you?	Yes N	lo				
If yes, please explain:							
Previously employed here?Yes	No						
If yes, when? Depar	tment:	Supervisor:					
Have you ever been dismissed from employment	ent for cause?	Yes	No				
If yes, give details:							
Have you ever been fingerprinted for the purpo	se of obtaining e	mployment with a Ne	ew York	State public sc	hool dist	rict?	
Yes No If yes, when?		School District:					
CERTIFICATION							
Type of Certification/License		State		Number			
				_			
				_			
Tenure: Have you ever been appointed on ter	nure as a teacher	in a public school sy	stem in	New York State	e?	Yes	No
School		City/State		Years Compl	eted	Degree	
High School							
College							
Graduate							
Other Special Training							

STUDENT TEACHING:	F	rom		То		Cooperating Teacher		Principal	
Name of School:		Yr.	Мо). Yr.					
	In de	tail, de	escrib	e the	work you did:	'			
	· . ——								
Tel. No Ext									
EXPERIENCE: (most recent first)									
Please provide information covering emplo comments area at the end of this section of								if any. Use the	
Name and Address of Employer:	From		То		Last Salary	Reason for Lea	aving Name of Supervisor		
	Mo.	Yr.	Mo.	Yr.					
	In det	ail, de	escrib	e the	work you did:				
Tel. No Ext									
Name and Address of Franksian					Last Calam	D fl		Name of Ourses	
Name and Address of Employer:	Mo.	om Yr.	Mo.	_	Last Salary	Reason for Lea	aving	Name of Supervisor	
	In det	ail, de	escrib	e the	work you did:				
Tel. No Ext									
Name and Address of Employer:		om Yr.		o Yr.	Last Salary	Reason for Lea	aving	Name of Supervisor	
	In det	ail, de	escrib	e the	work you did:				
Tel. No Ext									
Name and Address of Employer:	Mo.	rom Yr.	Mo	To Yr.	Last Salary	Reason for L	eaving	Name of Supervisor	
	In det	ail, de	scrib	e the	work you did:				
Tel. No Ext	. —								

Applicant Initial ______ - Notary Initial _____

Comments on your work experience:			
OTHER:			
What types of machines and equipment can you	operate? (if applicable):		
List any applicable volunteer experience:			
Please give any other information on your exper	ence or abilities which you believe would a	assist us in evaluating your	qualifications:
REFERENCES:			
List any other persons, not relatives, who have p		•	
Name/Occupation	Address	Telephone	Relationship
	-		
The information which I have provide or misleading information is cause for rejecti	does not believe to be true, in a written instruction are punishable. Making a punishable lowing authorization over carefully, sign and ed on this application form is true and con of this application or dismissal from to contact former and current employed personal references. I authorize any attion requested, so long as the informati	strument bearing a legally as a false written statement is ad have notarized below: complete. I understand the a job if I have been empors, law enforcement ager and all of the above indivion given is relevant to the	authorized form a Class A at any incorrect loyed. ncies, educational iduals and le job duties/
BOCES in connection with my application. Signature:		Date:	
State of New York			
County of:			
On thisday of to me personally known to be the individual desc that (s)he executed the same.	,appeared before me ribed in and who executed the foregoing in	strument, and (s)he duly a	cknowledged to me
Signature of Notary:	Ex	piration Date:	

APPLICANT: Do not write on this page. Interview scheduled for: Date ______ Time _____ Interviewed by: Comments, including reasons applicant does or does not appear to be qualified: Meets requirements Does not meet requirements for job Comments: If rejected, give specific reasons: ____ Accepted Applicant: Rejected EMPLOYMENT REFERENCE CHECK: (Specify supervisor contacted, date, and response) OTHER REFERENCE CHECK: **TEST RESULTS:** Name of Test Raw Score Date Rating Analysis Suggested starting date: _____ Shift/hours: _____ Suggested starting salary/wage: _____

Position/assignment:

Administrator Signature: ______ Date: _____