



**Employment
Application
(Professional)
(Blue)**

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

RETURN APPLICATION TO DEPARTMENT OF HUMAN RESOURCES

Personal Information *(Please print.)*

Last Name	First Name	Middle Name
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Is additional information regarding a change of name or use of an affirmed or preferred name necessary to enable a check on your employment record? Yes No If yes, please explain: _____

Address	Telephone Number(s) () - () -
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E-Mail Address **(REQUIRED)**

Permanent Address (if different)	Telephone Number () -
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Position Preference

Position For Which Applying: _____ Date Available For Work: ___ / ___ /20___	TYPE OF EMPLOYMENT <i>(Please check one)</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Substitute
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Certification/Professional License

I hold the **New York State** Teaching/Administrative Certificate(s) described below:

(Please check one)	Area	Date Issued	Expiration Date
Permanent/Professional <input type="checkbox"/> Provisional/Initial <input type="checkbox"/>		/ /	/ /20
Permanent/Professional <input type="checkbox"/> Provisional/Initial <input type="checkbox"/>		/ /	/ /20
Permanent/Professional <input type="checkbox"/> Provisional/Initial <input type="checkbox"/>		/ /	/ /20

If you do not have a New York State Teaching Certificate, have you applied for one? Yes No

Have you successfully passed the New York State Teacher Certification Exams? Yes No

Other licenses held - Type and Issuing Authority: _____ Expiration Date: ___ / ___ /20___

Educational Background

Name & Address	Number of Years Completed/Credits	Major/Minor	Diploma/Degree
High School/GED			
College			
College			
Graduate Work			
Other (please specify)			

Teaching/Administrative Experience (Start with your present or last job. If you need additional space, please continue on a separate sheet of paper.)

School Name and Address	Subject or Grade Taught	Dates	Tenured
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Teaching Experience

School Name and Address	Subject or Grade Taught	Dates	Cooperating Teacher

Non-Teaching Experience (Include all significant jobs held.)

Employer's Name and Address	Position/Title	Dates	Specific Nature of Duties

Other Information

Are you legally authorized to work in the United States? Yes No
 (Written proof of lawful employment eligibility in the United States will be required upon offer of employment in accordance with the Immigration Reform and Control Act of 1986.)

Relative Disclosure

Do you have any relative(s) employed by Eastern Suffolk BOCES? (For the purposes of this disclosure, relatives includes spouse, brother, sister, child, mother, father, grandmother, grandfather, grandchild, or any other relative or person living as a member of your household.) Yes No If yes, list the name(s), relationship(s), and position(s) of relative(s):

Name	Relationship	Position
_____	_____	_____
_____	_____	_____

Personal Statement

Please indicate which strengths will enable you to contribute to the program and services of the BOCES, particularly those attributes or special job-related skills that you believe would be helpful in considering your application. You should exclude references that would reflect your race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, pregnancy, marital status, age, citizenship, military status, veteran status, genetic predisposition or carrier status, or any other legally protected status. (Attach a separate sheet if needed.)

References

List four persons who have closely observed your work as a professional or as a student. **Do not include letters of reference.** Recommendations by present and former superintendents, principals and other supervisors are preferred in the case of experienced teachers or supervisors. Beginning teachers should include practice teaching supervisor's recommendation.

PLEASE GIVE COMPLETE INFORMATION and PRINT CLEARLY.

1.	_____	_____	() - _____
	Name/Title	Address	Telephone
2.	_____	_____	() - _____
	Name/Title	Address	Telephone
3.	_____	_____	() - _____
	Name/Title	Address	Telephone
4.	_____	_____	() - _____
	Name/Title	Address	Telephone

May we contact your present employer? Yes No If no, reason: _____

List high school or college placement office where your confidential record may be obtained: _____

Tenure Status

ALL APPLICANTS MUST COMPLETE AND SIGN THE STATEMENT IN ORDER TO ASSURE COMPLIANCE WITH PROVISIONS OF SECTION 3021, SUBDIVISION 1, OF THE EDUCATION LAWS OF THE STATE OF NEW YORK.

Have you ever received TENURE in any School District or Board of Cooperative Educational Services (BOCES) anywhere in New York State? Yes No If "yes", please indicate: _____ / / _____
(Name of School District or BOCES) (Date Tenure Granted)

Application Statement (Please Read the Following Carefully Before Signing.)

By signing this Application, I affirm that I have not withheld any requested information and that the information I have provided on the application (and accompanying documents, if any) is true and correct. I am aware that any misstatement, falsified information, or omission deemed significant by Eastern Suffolk BOCES may disqualify me from further consideration for employment and/or may be considered justification for withdrawal of an offer of employment or dismissal from employment, if discovered after an offer has been made or I have become employed.

I understand that my employment is contingent upon the results of reference checks and finger print clearance that Eastern Suffolk BOCES may conduct for employment purposes as part of the application process. I hereby authorize Eastern Suffolk BOCES to investigate all statements made in this application, and all statements made by me during the application process. I also hereby authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents, if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and Eastern Suffolk BOCES and them from any and all claims of liability in law and in equity that may arise out of releasing such information.

I understand that neither this application, nor the granting of an interview, nor my acceptance of employment creates a binding agreement of any kind or contract for employment for any duration between Eastern Suffolk BOCES and me. I understand and agree that should I be hired, my employment would be for no fixed duration, and could be terminated by me or Eastern Suffolk BOCES at any time with or without notice or cause, subject only to applicable law and collective bargaining agreements. I acknowledge that no promises regarding employment have been made to me, and I understand that no promise will be binding unless it is authorized and made by Eastern Suffolk BOCES in writing. If hired, I agree to conform to the policies and rules of Eastern Suffolk BOCES as a condition of my employment.

_____/ /20
Signature of Applicant Date

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, gender identity or expression, transgender status, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the implementation of the applicable laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at ComplianceOfficers@esboces.org: the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate Superintendent for Educational Services, 631-687-3056, 201 Sunrise Highway, Patchogue, NY 11772. 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.