

Professional and Classified Support Staff Application Form

Centennial Board of Cooperative Services

www.cboces.org

Centennial BOCES is interested in securing the services of the best personnel available, and sincerely appreciates the time and interest you have given in completing an application for the Centennial BOCES.

Please fill out the information below after the colon with your preferred document editing software.

Date Application Received:

Name:

Address:

Social Security Number:

Phone number:

Position Desired:

Successful candidates will be required to submit to a fingerprint check with a portion of the expense borne by the employee (HB90-1077). Applications will be maintained in an active file for a period of one year, unless otherwise noted.

Experience

1. Position 1
 - a. Company Name:
 - b. Address:
 - c. State Job Title/Brief Job Description:
 - d. Phone number:
 - e. Supervisor:
 - f. Employment Date From and To:
 - g. Reason for Leaving:

2. Position 2
 - a. Company Name:
 - b. Address:
 - c. State Job Title/Brief Job Description:
 - d. Phone number:
 - e. Supervisor:
 - f. Employment Date From and To:
 - g. Reason for Leaving:
3. Position 3
 - a. Company Name:
 - b. Address:
 - c. State Job Title/Brief Job Description:
 - d. Phone number:
 - e. Supervisor:
 - f. Employment Date From and To:
 - g. Reason for Leaving:
4. Position 4
 - a. Company Name:
 - b. Address:
 - c. State Job Title/Brief Job Description:
 - d. Phone number:
 - e. Supervisor:
 - f. Employment Date From and To:
 - g. Reason for Leaving:

Would you prefer to work full time or part time?:

Please use the rest of this page to list your skills.

Have you ever been convicted of a felony or do you presently have any felony charge pending against you? If so, give particulars.:

Have you ever been bonded? If so, on which job(s):

Education and Professional Training

List high school, trade/technical school and college in chronological order.

1. Education/Training 1
 - a. Name of Institution:
 - b. Location:
 - c. Dates Attended From and To:
 - d. Degree Granted:
 - e. Date of Degree:
 - f. Major:
2. Education/Training 2
 - a. Name of Institution:
 - b. Location:
 - c. Dates Attended From and To:
 - d. Degree Granted:
 - e. Date of Degree:
 - f. Major:

References for Professional Experience Previously Listed

1. Reference 1
 - a. Name:
 - b. Position:
 - c. Address:
 - d. Phone Number:
2. Reference 2
 - a. Name:
 - b. Position:
 - c. Address:
 - d. Phone Number:
3. Reference 3
 - a. Name:
 - b. Position:
 - c. Address:
 - d. Phone Number:

4. Reference 4
 - a. Name:
 - b. Position:
 - c. Address:
 - d. Phone Number:
5. Reference 5
 - a. Name:
 - b. Position:
 - c. Address:
 - d. Phone Number:

Do you require or propose any work place accommodations to enable you to perform the essential functions of the job for which you are applying? If so please describe:

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Board to continue to employ me in the future, that if I am employed my employment is subject to duly adopted policies, rules and regulations of the Board as they exist on the effective date of my employment and as they may be amended from time to time thereafter, and that the Board has the right to change its policies, rules and regulations at any time as in its sole discretion it deems necessary. I also understand that employment by the Board is not pursuant to the Teacher Employment, Compensation and Dismissal Act of 1990.

Sign:

Date: