

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY

DEPARTMENT OF HUMAN RESOURCES

George Farber Administrative Center • 71 Clinton Road
P.O. Box 9195, Garden City, New York 11530-9195 • 516-396-2500

Application For Employment (Noninstructional)

PLEASE PRINT

1. Name

LAST	FIRST	IN.

2. Street Address

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3. Area Code Home Phone

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4. City

State ZIP

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5. Area Code Cell Phone

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6. _____
Type of Position Desired

7. Nassau County Resident for at least one year
 Yes No

8. AVAILABILITY FOR ASSIGNMENT

DAYS AVAILABLE	HOURS OF AVAILABILITY
MON. _____	_____
TUES. _____	_____
WED. _____	_____
THURS. _____	_____
FRI. _____	_____

6a. DATE AVAILABLE FOR EMPLOYMENT

MO	DA	YR	

7a. I am interested in
 Part Time
 Full Time
 Substitute

9. EMPLOYMENT HISTORY

Begin with most recent. Attach additional sheets if needed. **Please do not write "See Resume."**

Dates Employed FROM TO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MO YR MO YR	Name, Address, and Telephone Number of Employer _____ _____ _____	Job title, nature of work, and responsibilities _____ _____ _____
Immediate Supervisor, Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
<input type="checkbox"/> Full Time <input type="checkbox"/> P/T		Reason for Leaving _____
Dates Employed FROM TO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MO YR MO YR	Name, Address, and Telephone Number of Employer _____ _____ _____	Job title, nature of work, and responsibilities _____ _____ _____
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<input type="checkbox"/> Full Time <input type="checkbox"/> P/T		Reason for Leaving _____
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Immediate Supervisor, Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
<input type="checkbox"/> Full Time <input type="checkbox"/> P/T		Reason for Leaving _____

10. OTHER REFERENCES - Professional References only _____

Name	Address	Phone	How Known

I give Nassau BOCES permission to contact the above references and waive my right of access to any information submitted by these references. _____

Signature

11. EDUCATIONAL HISTORY _____

List high schools, colleges or universities, and/or specialized training programs attended.

Schools Name and Address	Type of Course or Major	Degree, Grade, or Credits Completed

12. Describe any other training and experience you may have had. Be specific. _____

13. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? (In accordance with the Immigration Reform and Control Act of 1985, upon employment you will be asked to produce two original forms of identification.)
 No Yes

15a. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?
 No Yes

15b. If "YES," please explain.

16a. LEGAL INFORMATION
 Have you ever been convicted of a crime? (Note: This includes driving while impaired.)
 No Yes

16b. If your answer is "YES" to the previous question, please provide complete details on a separate sheet stating date, charge, place, and action taken.

14. Do you possess a valid NYS Motor Vehicle license?
 No Yes Class _____

17. Have you ever been fingerprinted by the NYS Education Department for the purposes of employment?
 Yes No

18. Have you ever worked for Nassau BOCES? Yes No
 If yes, when? _____

19. Are you related to any Nassau BOCES board member or any current Nassau BOCES employee? Yes No
 If yes, Name of Board Member or Employee: _____
 Relationship: _____

In accordance with state and federal laws, Nassau BOCES is an equal opportunity employer.

ALL APPLICANTS – READ CAREFULLY BEFORE SIGNING.

The information as submitted on this application is accurate to the best of my knowledge. I understand my answers will be verified and that falsification of any information submitted on this application shall be cause for dismissal from service.

Date Signature