

Office Use Only



WAYNE - FINGER LAKES
Board of Cooperative Educational Services

HOME TUTOR EMPLOYMENT APPLICATION

This application is a standard form that requests typical teaching and educational information required by every school district in New York State. This application will be shared with the districts indicated by the applicant seeking employment. Please do not request transcripts or other credentials be sent until a specific school district(s) asks for them. Employment qualifications may vary slightly from one district to another.

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

FORMER NAMES: _____
(for purposes of verifying work & education records)

MAILING ADDRESS: _____

PRIMARY PHONE #: () _____

SECONDARY PHONE #: () _____

EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY, CONTACT:

(Name) (Phone) (Relationship)

ARE YOU A MEMBER OF A NEW YORK STATE RETIREMENT SYSTEM? Yes No

If yes, what system? Teachers' Employees' Other

What is your membership number? _____



**Students are
the heart & soul
of what we do.**

**RETURN YOUR
COMPLETED
APPLICATION
TO ▼**

HUMAN RESOURCES
Wayne-Finger Lakes BOCES
Eisenhower Building
131 Drumlin Court
Newark, NY 14513-1863

EQUAL EMPLOYMENT OPPORTUNITY / NON-DISCRIMINATION

It is Wayne-Finger Lakes BOCES' policy to provide for and promote equal opportunity in education and employment. Wayne-Finger Lakes BOCES does not discriminate, in its programs and activities, against: (i) any student or any candidate for admission (or parent of any such student or candidate); (ii) any employee or applicant for employment; or (iii) any third party, on the basis of actual or perceived race, color, national origin, sex, disability, or age, and, it provides equal access to its facilities to the Boy Scouts and other designated youth groups. Further, Wayne-Finger Lakes BOCES does not discriminate on the basis of religion or creed, religious practice, ethnic group, weight, sexual orientation, gender, military status, genetic status, marital status, domestic violence victim status, criminal arrest or conviction record, or any other basis prohibited by state or federal non-discrimination laws, or unless based upon a bona fide occupational qualification or other exception. Inquiries regarding Wayne-Finger Lakes BOCES' non-discrimination policies and grievance procedures or Title IX should be directed to:

Quinn M. Smith, Director of Human Resources
Administrative Offices, Regional Support Center
131 Drumlin Court, Eisenhower Building
Newark, NY 14513-1863
Telephone: (315) 332-7282
Email: Quinn.Smith@wflboces.org



U.S. Department of Education
New York Office
Office for Civil Rights
32 Old Slip, 26th Floor
New York, NY 10005-2500
Telephone: (646) 428-3800
Email: CCR.NewYork@ed.gov

Tutoring Office Hours
6:00 a.m. to 2:30 p.m.

Phone: 315-332-7548
Fax: 315-332-7357

EMPLOYMENT HISTORY

(Begin with most recent. Attach additional sheets if necessary. Must be completed even if resume is attached.)

| | | | | |
|---|-----------|---|----|--------|
| EMPLOYER | TELEPHONE | DATES EMPLOYED FROM | TO | SALARY |
| ADDRESS | | | | |
| JOB TITLE | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES | | |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE | | | | |
| REASON FOR LEAVING | | | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | | |

| | | | | |
|---|-----------|---|----|--------|
| EMPLOYER | TELEPHONE | DATES EMPLOYED FROM | TO | SALARY |
| ADDRESS | | | | |
| JOB TITLE | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES | | |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE | | | | |
| REASON FOR LEAVING | | | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | | |

| | | | | |
|---|-----------|---|----|--------|
| EMPLOYER | TELEPHONE | DATES EMPLOYED FROM | TO | SALARY |
| ADDRESS | | | | |
| JOB TITLE | | SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES | | |
| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE | | | | |
| REASON FOR LEAVING | | | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | | |

| | | | | |
|---|-----------|---|----|--------|
| EMPLOYER | TELEPHONE | DATES EMPLOYED FROM | TO | SALARY |
| ADDRESS | | | | |
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| IMMEDIATE SUPERVISOR, TITLE & TELEPHONE | | | | |
| REASON FOR LEAVING | | | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | | | |

ADDITIONAL REFERENCES FAMILIAR WITH YOUR WORK

| NAME | ADDRESS | PHONE | HOW KNOWN |
|------|---------|-------|-----------|
| | | | |
| | | | |

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country?

Yes No

If employed, you must produce two original forms of identification as specified on Form I-9, Employment Eligibility Verification.

Do you have any health condition that would impair your ability to perform some of the functions of the position for which you are applying?

Yes No

If yes, please explain: _____

Have you ever been convicted of a violation of law? (exclude minor traffic violations) Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Are any criminal charges or proceedings pending against you?

Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

Have you ever been dismissed from a position or resigned to avoid dismissal?

Yes No

If you answer yes, you will not necessarily be disqualified as an applicant for employment. If you answer yes, please explain below:

APPLICANT DATA RECORD (Optional)

*As an employer, we comply with government regulations and requests for periodic reports. We are collecting this data solely to help us with record keeping, reporting and other legal requirements. Submission of this information is voluntary. We appreciate your cooperation. This data is kept **CONFIDENTIAL**.*

Position (s) Applied for: _____

Referral Source:

Advertisement

Friend

Relative

Current Employee

Walk-in

Other _____

What is your gender? Male

Female

What is your ethnicity?

Caucasian/White (non-Hispanic)

Black (non-Hispanic)

Asian/Pacific Islander

American Indian/Alaskan Native

Hispanic

What is your veteran/disability status?

Veteran

Disabled Veteran

Disabled

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") to verify and investigate all statements I have made on the employment application, related papers and in interviews. I authorize the BOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with the BOCES.

Signature

Date

Note: If applicant is under the age of eighteen, a parent or guardian must sign in his/her place.

APPLICANT'S STATEMENT

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that Wayne-Finger Lakes Board of Cooperative Educational Services (hereafter known as "the BOCES") will thoroughly investigate my work and personal history and verify all data given on this application, related papers and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by BOCES, this document is not to be considered a contract for employment.

Unless otherwise indicated by a collective bargaining agreement or a specific right under state or federal law, I understand that I am an at-will employee and may be terminated with or without just cause at any time by the BOCES. I am also aware that I may resign from employment at any time by giving notice within the proscribed amount of time as stated in the collective bargaining agreement, or if not addressed by the collective bargaining agreement, then by law.

If I am chosen for employment by the BOCES, I agree to conform to its rules and regulations as set forth in the BOCES policies, administrative regulations, operational procedures and contracts. I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the BOCES at any time at the BOCES' sole discretion without prior notice to me.

I certify that I am available immediately for employment, and that by accepting employment with the BOCES, I will not be violating any other contracts or restrictive covenants.

Pursuant to the School Finger Printing Law (2000 New York Laws, Chapter 180), I understand that I will not be eligible for employment and can be discharged by the BOCES if the New York State Education Department does not clear me for employment after my fingerprints are reviewed by the Division of Criminal Justice Services.

If requested by the BOCES in connection with this application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the BOCES and that my initial employment is conditioned upon meeting the requirements of that examination as established by the BOCES.

This employment application will be valid for one (1) year from the date it is received.

Signature

Date

SUBJECTS YOU ARE QUALIFIED & WILLING TO TUTOR

Please check as many as apply

- | | |
|---|--|
| <input type="checkbox"/> All K—6 | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> German |
| <input type="checkbox"/> Math, level (s) _____ | <input type="checkbox"/> Latin |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Other Language, _____ |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Business |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Art |
| <input type="checkbox"/> Special Education K—6 | <input type="checkbox"/> Music |
| <input type="checkbox"/> Special Education 7—12 | <input type="checkbox"/> Health |

PREFERRED WORK LOCATIONS

Please check as many as apply; NOTE: not all districts participate in this service every year

- | | |
|--|--|
| <input type="checkbox"/> Bloomfield | <input type="checkbox"/> North Rose-Wolcott |
| <input type="checkbox"/> Canandaigua | <input type="checkbox"/> Palmyra-Macedon |
| <input type="checkbox"/> Clyde-Savannah | <input type="checkbox"/> Penn Yan |
| <input type="checkbox"/> Dundee | <input type="checkbox"/> Phelps-Clifton Springs (Midlakes) |
| <input type="checkbox"/> Gananda | <input type="checkbox"/> Red Creek |
| <input type="checkbox"/> Geneva | <input type="checkbox"/> Romulus |
| <input type="checkbox"/> Gorham-Middlesex (Marcus Whitman) | <input type="checkbox"/> Seneca Falls |
| <input type="checkbox"/> Honeoye | <input type="checkbox"/> Sodus |
| <input type="checkbox"/> Lyon | <input type="checkbox"/> Victor |
| <input type="checkbox"/> Manchester-Shortsville (Red Jacket) | <input type="checkbox"/> Waterloo |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Naples | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Newark | <input type="checkbox"/> Area hospitals to include Rochester |

We recognize and support staff as our most important resource.

DAYS AVAILABLE

- [] Monday
[] Tuesday
[] Wednesday
[] Thursday
[] Friday

TIMES AVAILABLE

- [] Morning
[] Afternoon
[] Evening