

RETURN TO:

NOTE: This application will remain active for one year from the filing date.

Personnel Services Division
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
First Supervisory District, Erie County
355 Harlem Road
West Seneca, N.Y. 14224

APPLICATION FOR CLASSIFIED POSITION

Date
Soc. Security Number
Name (Last) (First) (Middle)
Address
Phone

Any other name by which you may have been known in the past
School District of Residence
If Member of NYS Employees' Retirement System, Furnish #:

DESCRIPTION OF POSITION DESIRED
(Please Check Appropriate Square)

- Clerical: Clerk Typist, Sr. Clerk Typist, Acct. Clerk Typist, Other *
Instructional: Day Care Aide, Teacher Aide
Technical: Data Entry Operator, D.P. Control Clerk, Computer Operator, Computer Programmer, Programmer/Analyst, System Software Spec., ITV Technician, Graphic Artist, Duplicating Machine Operator, Other *
Custodial: Cleaner, Laborer, Custodian, Head Custodian, Maintenance Mechanic, Messenger/Driver, Other *

*Specify Job Title

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, sex, religion or national origin. Public Law 90-202 prohibits discrimination because of age. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap.

PERSONAL DATA

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?
No Yes

If yes, describe in full

Are you a legal resident of the United States? No Yes
Are you a Volunteer Fireman? No Yes
When will you be available for employment?

THE ERIE 1 BOCES IS
AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER

FOR OFFICIAL USE ONLY

Credentials Review

Job Title _____

Date Reviewed _____

Reviewer _____

Remarks _____

Date Reviewed _____

Reviewer _____

Remarks _____

Date Reviewed _____

Reviewer _____

Remarks _____

Date Reviewed _____

Reviewer _____

Remarks _____

Interview Results

Job Title _____

Date Interviewed _____

Interviewer _____

Remarks _____

Date Interviewed _____

Interviewer _____

Remarks _____

Date Interviewed _____

Interviewer _____

Remarks _____

Date Interviewed _____

Interviewer _____

Remarks _____

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II		V	
III			

Were you previously employed by us? If yes, when:

List any friends or relatives working for us: _____

What method of transportation will you use to get to work? _____

Rate of pay expected \$ _____ Per Week

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check List Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes	X
						<input type="checkbox"/> No		
High							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
 Mo. Day Yr. Mo. Day Yr.

List duties in the Service including special training _____

Have you taken any training under the G.I Bill of Rights? _____ If yes, what training did you take? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

List below all present and past employment, beginning with your most recent

I	Name and Address of Company And Type of Business	From		To		Describe in detail the work you did	Reason for Leaving
		Mo.	Yr.	Mo.	Yr.		
		Weekly Starting Salary		Weekly Last Salary			
	Telephone No.						Name of Supervisor

II	Name and Address of Company And Type of Business	From		To		Describe in detail the work you did	Reason for Leaving
		Mo.	Yr.	Mo.	Yr.		
		Weekly Starting Salary		Weekly Last Salary			
	Telephone No.						Name of Supervisor

III	Name and Address of Company And Type of Business	From		To		Describe in detail the work you did	Reason for Leaving
		Mo.	Yr.	Mo.	Yr.		
		Weekly Starting Salary		Weekly Last Salary			
	Telephone No.						Name of Supervisor

IV	Name and Address of Company And Type of Business	From		To		Describe in detail the work you did	Reason for Leaving
		Mo.	Yr.	Mo.	Yr.		
		Weekly Starting Salary		Weekly Last Salary			
	Telephone No.						Name of Supervisor

V	Name and Address of Company And Type of Business	From		To		Describe in detail the work you did	Reason for Leaving
		Mo.	Yr.	Mo.	Yr.		
		Weekly Starting Salary		Weekly Last Salary			
	Telephone No.						Name of Supervisor

May we contact the employers listed above? ____ If not, indicate by No. which one(s) you do not wish us to contact ____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal.

**Note: Application not valid
without signature.**

X _____
Signature of Applicant