



**Putnam/Northern Westchester  
BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
Yorktown Heights, NY 10598-4399  
Telephone: 914 - 245-2700**

**CLASSIFIED EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name: _____	APPLICATION DATE _____
Mailing Address: _____	Home Phone: _____
Street	Work Phone: _____
_____	E-mail Address: _____
City    State    Zip	Present Salary: _____

**PLACEMENT INFORMATION**

POSITION APPLYING FOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TYPE OF EMPLOYMENT:    Full-time        Part-time        Substitute        Other   

ARE YOU WILLING TO BE A SUBSTITUTE? \_\_\_\_\_

**EDUCATIONAL PREPARATION**

Name of high school: \_\_\_\_\_

Location: \_\_\_\_\_

City    State    Zip

Did you graduate?    Yes        No   

Has any college study been taken by correspondence?    Yes        No   

Are you an ex-Volunteer Firefighter?                          Yes        No                              Current        Former   

Are you a Veteran?    Yes        No                              Disabled   

**Please have official transcripts forwarded to: Human Resources Office.**

College, Business or Technical Schools	Number of Credits Received	Major/Minor	Degree or Diploma Granted	Grade Point Average
NAME OF SCHOOL				
LOCATION				
NAME OF SCHOOL				
LOCATION				
NAME OF SCHOOL				
LOCATION				

EMPLOYMENT EXPERIENCE (Begin with present and account for each year of employment)

Employer:	Telephone:		
Address:	Dates of Employment:		
	From:	To:	Salary:
Reason for Leaving:	Summarize nature of work, job responsibilities		
Immediate Supervisor, Title & Telephone:			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Employer:	Telephone:		
Address:	Dates of Employment:		
	From:	To:	Salary:
Reason for Leaving:	Summarize nature of work, job responsibilities		
Immediate Supervisor, Title & Telephone:			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Employer:	Telephone:		
Address:	Dates of Employment:		
	From:	To:	Salary:
Reason for Leaving:	Summarize nature of work, job responsibilities		
Immediate Supervisor, Title & Telephone:			
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

OTHER REFERENCES FAMILIAR WITH YOUR WORK

Name: _____	Name: _____
Address: _____ Street	Address: _____ Street
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Are you related to anyone employed by P/NW BOCES? (check one)  Yes  No

If yes, who and state relationship (list all): \_\_\_\_\_

**CLASSIFIED POSITIONS**

Complete section for the position you are applying for:

**TEACHER AIDE:** Indicate experiences that qualify you for working with students in a supervisory or instructional setting:

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**FOOD SERVICE:**

Have you ever had experience in preparing and serving food in an institutional setting? Yes  No   
If yes, explain below:

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**CUSTODIAN:** Have you had experience or training in institutional cleaning? Yes  No   
If yes, please explain below:

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Have you ever supervised others in an institutional cleaning operation? Yes  No   
If yes, please explain below:

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Have you ever taken any Civil Service examinations for custodial positions? Yes  No   
If yes,

When	_____	When	_____
When	_____	When	_____
Title	_____	Title	_____
Score	_____	Score	_____

**MAINTENANCE & SPECIAL SKILLS:**

Jobs titles in this area include: Groundskeeper, Mechanic, Plumber, Carpenter, Electrician (indicate experience or training that qualifies you for your area of expertise).

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Type of Driver's License: \_\_\_\_\_ Motorist Identification Number: \_\_\_\_\_

**CLERICAL:**

Do you have computer skills? Yes  No

If yes, please explain below:

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Do you have experience in purchasing, accounts payable, or payroll? Yes  No

If yes, please explain below:

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Have you taken any Civil Service examinations for clerical positions? Yes  No

When	_____	When	_____
When	_____	When	_____
Title	_____	Title	_____
Score	_____	Score	_____

**BUS DRIVER:**

Attach to this application form at least (3) three statements from (3) three different persons who are not related to you, either by blood or marriage, pertaining to your moral character and reliability. This is a State Education Department requirement.

Answer the following if applying for Regular or Substitute Driver:

Class of Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Motorist Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you ever had an accident while driving which resulted in injuries to yourself or others? Yes  No   
If yes, describe in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act?

Ye  No  If yes, please provide: Date \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Court & Location \_\_\_\_\_

**Active Driving Experience:**

School Bus Yes  No  Number of Years \_\_\_\_\_

Passenger Bus Yes  No  Number of Years \_\_\_\_\_

Heavy Truck Yes  No  Number of Years \_\_\_\_\_

Light Truck Yes  No  Number of Years \_\_\_\_\_

Station Wagon Yes  No  Number of Years \_\_\_\_\_

Do you use intoxicants? Frequently  Seldom  Never

Do you use drugs? Frequently  Seldom  Never

Have you ever had any convulsions or periods of unconsciousness? Yes  No

If you are interested in automotive mechanics or body repair work, please indicate experience or training that qualifies you for these areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANSWER "YES" OR "NO" TO QUESTIONS 1 THROUGH 13.**

Are you a veteran?                      Yes       No       If yes, specify branch of service \_\_\_\_\_

Are you legally eligible for employment in this country?  
(Upon employment you will be asked to produce two original forms of identification)                      Yes       No  

Have you ever been convicted of a crime (other than minor traffic violations)?                      Yes       No  

Are any criminal charges pending against you for any offense (other than a minor traffic violation)?                      Yes       No  

Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?                      Yes       No  

Have you ever received an unsatisfactory rating in conjunction with any employment?                      Yes       No  

Have you ever been disqualified for employment for any civil service position?                      Yes       No  

Have you ever been discharged or required to resign from any position (other than layoff due to reduction in workforce)?                      Yes       No  

    a.       Have charges ever been preferred against you by an employer?                      Yes       No  

    b.       Were the charges sustained?                      Yes       No  

Have you ever resigned as an alternative to facing charges or dismissal?                      Yes       No  

Have you ever had a license or certificate denied or terminated because of a fingerprint or medical record?                      Yes       No  

Have you ever had any professional certificate or license denied, revoked, or suspended by any government agency as a result of your record?                      Yes       No  

Has the Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? If so, indicate on the Confidential Attachment the date and nature of the finding, name of court and name of judge.                      Yes       No  

**APPLICANT'S STATEMENT**

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained herein and the references above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The Putnam/Northern Westchester Board of Cooperative Educational Services does not discriminate on the basis of sex, race, creed, national origin, age or disability, in its employment, admissions practices, vocational opportunities or access to and treatment in programs or activities in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, and Title VII and the Americans with Disabilities Act. Inquiries concerning application of these regulations may be made to John McCarthy, Assistant Superintendent, Putnam/Northern Westchester BOCES, 200 BOCES Drive, Yorktown Heights, New York 10598-4399. Telephone: 914-248-2304.

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL ATTACHMENT TO APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS TO APPLICANT:**

If on your application, you indicated "YES" in response to one or more questions relating to your record (3-13), in the space provided below, please set forth detailed and truthful information concerning your response. Then, place this attachment in an envelope, which you should seal and staple to your application.

Failure to provide complete and truthful information may result in the denial of your application and prosecution under the law.

QUESTION	EXPLANATION

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE