



Franklin-Essex-Hamilton BOCES  
 P.O. Box 28  
 23 Huskie Lane  
 Malone, NY 12953  
[www.fehb.org/employop.htm](http://www.fehb.org/employop.htm)

To be completed by BOCES/District Office:  
 Resume: \_\_\_\_\_  
 Transcripts/Degree: \_\_\_\_\_  
 Certification: \_\_\_\_\_  
 Placement Order: \_\_\_\_\_  
 Prior State Education Department  
 Fingerprinting: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT – SUBSTITUTE POSITIONS**

Select District(s) you are willing to substitute in:

- |                    |                               |                              |                 |                          |
|--------------------|-------------------------------|------------------------------|-----------------|--------------------------|
| FEH BOCES:         | NFEC <input type="checkbox"/> | AEC <input type="checkbox"/> | Malone          | <input type="checkbox"/> |
| Brushton-Moira CSD | <input type="checkbox"/>      |                              | Salmon River    | <input type="checkbox"/> |
| Chateaugay CSD     | <input type="checkbox"/>      |                              | Saranac Lake    | <input type="checkbox"/> |
| Lake Placid        | <input type="checkbox"/>      |                              | St. Regis Falls | <input type="checkbox"/> |
| Long Lake          | <input type="checkbox"/>      |                              | Tupper Lake     | <input type="checkbox"/> |

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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Each applicant for substitute positions with the Franklin-Essex-Hamilton BOCES will complete this form. Be sure the information provided is accurate, complete and legible. Please include the following documentation (if applicable) as part of your completed application. Incomplete or inaccurate application may be grounds for disqualification for consideration. **Incomplete or inaccurate application may be grounds for disqualification for consideration.**

- A copy of any degree program diplomas
- A copy of any teaching certification/License documents
- A current resume

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**I wish to be considered for the following substitute position(s). Check all that apply.**

- |                     |   |                              |                               |   |                                 |
|---------------------|---|------------------------------|-------------------------------|---|---------------------------------|
| Teacher:            | <input type="checkbox"/> K-5              | <input type="checkbox"/> 6-8 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> Special Education (K-8) or | <input type="checkbox"/> (9-12) |
| Teaching Assistant: | <input type="checkbox"/> K-5              | <input type="checkbox"/> 6-8 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> Special Education (K-8) or | <input type="checkbox"/> (9-12) |
| Teacher Aide:       | <input type="checkbox"/> K-5              | <input type="checkbox"/> 6-8 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> Special Education (K-8) or | <input type="checkbox"/> (9-12) |
| School Monitor:     | <input type="checkbox"/> K-5              | <input type="checkbox"/> 6-8 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> Special Education (K-8) or | <input type="checkbox"/> (9-12) |
| Nurse:              | <input type="checkbox"/> RN               | <input type="checkbox"/> LPN |                               |   |                                 |
| Clerical:           | <input type="checkbox"/>                  |                              |                               |   |                                 |
| Other:              | <input type="checkbox"/> (Specify: _____) |                              |                               |   |                                 |

**Certification/License (if applicable):**

Certificate/License	State	Grade Level/Subject	Date Received

**Education:**

School Attended	Dates	Major	Minor	Degree
(HS)				

**Educational and/or Work Experience (starting with current or most recent position):**

Employer	Position	Dates	Contact Person	Phone Number

Please describe any experiences significantly contributing to your qualifications as a substitute.

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**References:** Please list three employment references. These should include supervisors who are familiar with your work performance.

Name:	Name:	Name:
Position:	Position:	Position:
Address:	Address:	Address:
Daytime Phone #:	Daytime Phone #:	Daytime Phone #:

Check appropriate box to the right of each question:	Yes	No
Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?		
Did you ever resign from any employment rather than face dismissal?		
Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or was issued under other than "Honorable" conditions?		
Have you ever been convicted of any crime (felony or misdemeanor)?		
Are you now under charges for any crime?		
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?		

If you answered "YES" to any of the questions above, you must give specifics on an additional sheet which will be kept confidential. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Return this application to:

**Stephanie P. Bannon, Human Resources Coordinator**  
**Franklin-Essex-Hamilton BOCES**  
**P.O. Box 28, 23 Huskie Lane**  
**Malone, NY 12953**

The Franklin-Essex-Hamilton BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to race, creed, color, national origin, age, marital status, disability or sex. Inquiries or complaints alleging discrimination based on race, creed, color, national origin, age, marital status, disability or sex should be directed to:  
 Cheryl A. Felt, Compliance Officer, P.O. Box 28, 23 Huskie Lane, Malone, NY 12953, Phone: 518-483-6420

Signature:	Date:
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