

# REGIONAL GST BOCES SUMMER SCHOOL PROGRAM APPLICATION FOR EMPLOYMENT

**DATES: July 7, 2025 through August 21, 2025**

If you are interested in working in the **GST BOCES 2025 Regional Summer School Program**, complete this form and return as follows:

***This application MUST be returned to Tammy Clark at [tamclark@gstboces.org](mailto:tamclark@gstboces.org) by noon, Friday, May 23, 2025. Thank you.***

## **Section 1: Contact Information**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

(The above information will **NOT** be published)

Summer 2024 Assignment: \_\_\_\_\_

Has any Payroll information changed from 2024: ☐ YES ☐ NO

## **Section 2:**

- ☐ Regular School Year GST BOCES Employee  
☐ Regular School Year Component School District Employee  
Component School District Name: \_\_\_\_\_  
☐ Neither of the above

## **Section 3: Previous Experience**

**LIST ALL EXPERIENCE AND NUMBER OF YEARS. PLEASE DISTINGUISH BETWEEN REGULAR SCHOOL YEAR AND SUMMER SCHOOL:**

EXPERIENCE	LOCATION	# OF YEARS	REGIONAL SS	REGULAR YEAR
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## **Section 4: Preferred Site Location**

- ☐ Campbell-Savona ☐ Corning ☐ Elmira- High School  
☐ Hornell ☐ Horseheads- Middle School ☐ Prattsburgh  
☐ Watkins Glen

## **Section 5: Position Applying for (positions are contingent upon student enrollment)**

☐ Classroom Instructor Subject Area: \_\_\_\_\_

Your Current Certification Area: \_\_\_\_\_

☐ Teaching Assistant ☐ Librarian

☐ Driver Education Instructor **Must provide a copy of current, valid Driver's License**

**If new to GST BOCES program, or if certification status has changed from 2024, you MUST attach a copy of current, valid NYS certification for the above position in which you are applying.**

☐ Teacher Aide ☐ Typist (Step 1)

☐ Registered Nurse **If new to GST BOCES program, or if License status has changed from 2024, you MUST attach a copy of current, valid License.**

☐ Other: \_\_\_\_\_

## Section 6: Retirement Fund Membership

This membership number is on your pay stub and annual retirement statement. The Payroll office will complete if unknown.

### Teachers' Retirement System

☐ I am a member of the Teachers' Retirement System (TRS)

Membership #: \_\_\_\_\_ Date of Membership: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ I am **not** a current member of the Teachers' Retirement System (TRS)

☐ I wish to join the Teachers' Retirement System (TRS). Please mail me an application.

☐ I do **not** wish to join the Teachers' Retirement System (TRS) at this time.

### Employees' Retirement System

☐ I am a member of the Employees' Retirement System (ERS)

Membership #: \_\_\_\_\_ Date of Membership: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ I am **not** a current member of the Employees' Retirement System (ERS)

☐ I wish to join the Employees' Retirement System (ERS). Please mail me an application.

☐ I do **not** wish to join the Employees' Retirement System (ERS) at this time.

## Section 7: Other Information

	YES	NO
A. Have you ever resigned from a position rather than face disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has any disciplinary action been brought against you which resulted in your being discharged from employment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you now under charges for any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever had a teaching credential revoked, suspended or annulled?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the questions above, please provide, on a separate sheet, the specifics or an explanation for the reason. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation may be initiated. 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.

## Section 8: Signature

As a **NON-GST BOCES** employee, you will need to attach the following completed and signed forms: Personnel and Payroll Record, I-9, W-4 and IT-2104 tax withholding forms, and the Agreement for Payroll Direct Deposit, if elected. I understand that the completion of these forms, (including retirement number and date of membership), and a copy of my **valid identification documents for the I-9** are required in order to pay me. Acceptable forms of identification are listed on page 9 of the I-9 form, e.g., current passport, OR valid driver's license AND social security card.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature