

GENERAL INFORMATION	Mr. Ms. Dr.		
	▲ Name _____	▲ Social Security # _____	▲ Retirement # (if current member) _____
	▲ Street Address/City/State/Zip _____	▲ Phone # (include area code) _____	▲ Birthdate (obtained from I-9 form) _____
	◆ Work Year: _____	▲ Home Email Address _____	
	◆ Work Location: _____	◆ Current OCM Employee: _____	Position: _____
	◆ Division: _____	◆ Budget Code(s): _____ %	_____ %

UNCLASSIFIED EMPLOYEE	TRS
	Tenure Area: _____
	Hourly Rate*: _____ <small>*Use salary for Principals, hourly rate for all others</small>
	Certificate/License: _____ (Indicate Type and attach Copy)
	Term: Start** End
	<small>**Enter expected start date if hire/start is after the 1st scheduled day of the term. For Principals, adjust beginning and ending date as needed.</small>

CLASSIFIED EMPLOYEE	ERS
	Position Title: _____
	Hourly Rate: _____
	License: _____ (Indicate type and attach copy)
	Temporary: O ** End
	<small>**Enter expected start date if hire/start is after the 1st scheduled day of the term.</small>

REQUIRED ATTACHMENTS

OCM BOCES Employment Application	OLAS Application	
Oath of Allegiance	I-9	ON FILE _____
W-4	ERS/TRS Option Form & Application (if applicable)	<small>(Indicate previous appointment)</small>
IT-2104	Salary Calculation (if applicable)	
Letters of Reference	Background Check Authorization Form	

WinCap Supervisor _____ <small>(for timesheet approval - type name - signature not required)</small>	Recommended by/Supervisor _____ Date _____
Approved by: _____ Program Administrator/Director Date	Assistant Superintendent/CTO _____ Date _____
Approved by: _____ Deputy Superintendent Date	

Personnel Department Use Only	
Employment recommendation reviewed by: _____	Date _____
HR Director/School Attorney	
c:Payroll	
Rev 08/14/2024	
Bargaining Unit: _____	Date of Board Action: _____