



c. For Commercial Driver License (CDL) holders, please list your endorsements or restrictions: \_\_\_\_\_

d. Have you ever had your driver license revoked or suspended? Yes  No  N/A   
If yes, please explain: \_\_\_\_\_

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:

a. Name of Trade or Professional License/Certificate: \_\_\_\_\_  
License No.: \_\_\_\_\_ Issued By: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
Registration Expiration Date: \_\_\_\_\_ Type/Specialty: \_\_\_\_\_

b. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes  No  N/A

c. Has your license/certification/registration ever been revoked? Yes  No  N/A   
If yes to 3b or 3c, please specify in detail: \_\_\_\_\_

d. For Teacher Certification: Is your Certification Initial, Provisional, Permanent, or Professional? Please specify: \_\_\_\_\_

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.

Relative Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. Please provide the names of any entity (Business or Vendor) or describe any connection you have to any entity doing business with the agency with which you are seeking employment. If a relative, as defined in Question 4, is affiliated with, or owns an entity doing business with NYS, use this section to describe the connection to you.

Name of Entity with which you have a connection: \_\_\_\_\_  
Describe the connection and any relationship to you: \_\_\_\_\_  
 Check here if you have no relationship or connection to any entity doing business with NYS.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: \_\_\_\_\_

7. Geographic work location(s) desired: \_\_\_\_\_

8. Some positions require different work schedules.  
Please indicate which schedules you would be able to perform:

Hours	Ability to Work	Schedule	Ability to Work	Duration	Ability to Work
Shift Work	Yes <input type="radio"/> No <input type="radio"/>	Saturday hours	Yes <input type="radio"/> No <input type="radio"/>	Permanent	Yes <input type="radio"/> No <input type="radio"/>
Overtime	Yes <input type="radio"/> No <input type="radio"/>	Sunday hours	Yes <input type="radio"/> No <input type="radio"/>	Temporary	Yes <input type="radio"/> No <input type="radio"/>
		Full-time	Yes <input type="radio"/> No <input type="radio"/>	Seasonal	Yes <input type="radio"/> No <input type="radio"/>
		Part-time	Yes <input type="radio"/> No <input type="radio"/>	Summer Only	Yes <input type="radio"/> No <input type="radio"/>
		Per diem	Yes <input type="radio"/> No <input type="radio"/>	Winter Only	Yes <input type="radio"/> No <input type="radio"/>

9. If offered a position with the hiring agency, when would you be available for work? \_\_\_\_\_

## EDUCATION

*Applicants will be required to provide proof of diploma and/or degrees claimed.*

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High school				
Equivalency Program	Issued by:		Number:	
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

## EMPLOYMENT & EXPERIENCE

*Please list all periods of employment\*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.*

**Name of Present or Last Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date Employed:** / /  
**Supervisor's Name and Title:** \_\_\_\_\_ **To** / /  
**Salary:\$** \_\_\_\_\_ **Telephone: ( )** \_\_\_\_\_  
**Your Title and Duties:** \_\_\_\_\_

**Reason(s) for Leaving:** \_\_\_\_\_  
**If this is your current employer, when may we contact them?** \_\_\_\_\_  
 ~~~~~

**Name of Present or Last Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date Employed:** / /  
**Supervisor's Name and Title:** \_\_\_\_\_ **To** / /  
**Salary:\$** \_\_\_\_\_ **Telephone: ( )** \_\_\_\_\_  
**Your Title and Duties:** \_\_\_\_\_

**Reason(s) for Leaving:** \_\_\_\_\_  
 ~~~~~

**Name of Present or Last Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date Employed:** / /  
**Supervisor's Name and Title:** \_\_\_\_\_ **To** / /  
**Salary:\$** \_\_\_\_\_ **Telephone: ( )** \_\_\_\_\_  
**Your Title and Duties:** \_\_\_\_\_

**Reason(s) for Leaving:** \_\_\_\_\_

*\*Attach additional sheets as needed*

**10. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere?** Yes  No

If "Yes" please identify any other concurrent employer and position(s), including self-employment:

**Employer:** \_\_\_\_\_ **Positions Held:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

*Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.*

### PROFESSIONAL REFERENCES

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone Number:** ( ) \_\_\_\_\_  
\_\_\_\_\_ **Email Address:** \_\_\_\_\_

.....  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone Number:** ( ) \_\_\_\_\_  
\_\_\_\_\_ **Email Address:** \_\_\_\_\_

.....  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone Number:** ( ) \_\_\_\_\_  
\_\_\_\_\_ **Email Address:** \_\_\_\_\_

### ADDITIONAL REMARKS

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

**Additional Sheets Attached?** Yes  No

### APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPPLEMENTAL INFORMATION FOR APPLICANTS

*Applicants should retain a copy of this page for their records.*

**Additional Testing Required for Certain Positions:** Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

**Former State or Local Government Retirees:** Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receive pension benefits while employed. Applicants who are receiving service retirement benefits from a New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

**Post-Employment Restrictions:** Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, **and**
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

### AGENCY SPECIFIC POLICY NOTICES

**Exposure to Potentially Hazardous Substances:** Candidates who accept appointment in positions where there is a risk of exposure to potentially hazardous substances may be required to wear personal protective equipment, undergo pre-employment and periodic health evaluations and/or receive specific immunizations.

**Employment Eligibility Verification:** If hired, the candidate must meet eligibility verification requirements of the U.S. Citizenship and Immigration Services and submit appropriate documentation to satisfy the requirements of completing USCIS Form I-9.