

APPLICATION FOR EMPLOYMENT

1. PERMANENT LEGAL INFORMATION
(Please Print)

 Last Name First M.I.

 Street Address

 City or Post Office State Zip Code

(_____) _____
 Phone Home or Cell

2. SOCIAL SECURITY NUMBER

____ - ____ - _____

None of the following 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.

3. Are you a citizen of the United States?
 Yes No

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? Yes No
 (Non-Citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

4. Check appropriate box to the right of each question.

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

B. Did you ever resign from any employment rather than face dismissal? Yes No

C. Did you ever receive a Dishonorable Discharge from the armed forces of the United States? Yes No

D. Have you ever been convicted of a crime? (felony or misdemeanor) Yes No

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

If you answered "YES" to any of the Questions 4 A-E above, you may give specifics on the reverse side of this paper. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

5. Indicate how long you have continually resided at this address, up to and including the date of this application.

NAME YEARS MOS.

School District: _____

Village of: _____

Town of: _____

County of: _____

State of: _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application *(including any attached papers)* are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

 Signature of Applicant

 Date

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education. *(Please Print)*

DO NOT
WRITE
IN THIS
COLUMN

NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

10. **EDUCATION**
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

Have you graduated from High School? YES NO If yes, name and location of High School.

If you have a High School Equivalency Diploma, indicate: issuing Government Authority. Number Date of Issue

	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE (MONTH AND YEAR)		FULL OR PART TIME	NO. OF YEARS CREDITED	WERE YOU GRADUATED?	TYPE OF COURSE OR MAJOR SUBJECT	NUMBER OF COLLEGE CREDITS RECEIVED	TYPE OF DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO							
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL										
OTHER SCHOOLS OR SPECIAL COURSES										
LIST TYPING & STENO COURSES HERE										

11. **LICENSES:** If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION	LICENSE #	GRANTED BY (LICENSING AGENCY)	CITY OR STATE OF
SPECIALTY	DATE LICENSE FIRST ISSUED	REGISTERED FROM: (MO./YR.)	TO: (MO./YR.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

13. **DESCRIBE EXPERIENCE:** Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer/unpaid experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have military service which includes pertinent experience, describe such experience as a separate employment. If your title or duties changed materially in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "DUTIES" for each employment describe the nature of work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			

DO NOT
WRITE
IN THIS
COLUMN

	LENGTH OF EMPLOYMENT				FIRM NAME	ADDRESS	CITY AND STATE
	MO.	YR.	MO.	YR.			
	FROM	/	TO	/			
	\$	EARNINGS (Circle One)			DESCRIBE DUTIES BELOW:		
					WK/MO/YR		
	TYPE OF BUSINESS						
	YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							
	LENGTH OF EMPLOYMENT				FIRM NAME	ADDRESS	CITY AND STATE
	MO.	YR.	MO.	YR.			
	FROM	/	TO	/			
	\$	EARNINGS (Circle One)			DESCRIBE DUTIES BELOW:		
					WK/MO/YR		
	TYPE OF BUSINESS						
	YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							
	LENGTH OF EMPLOYMENT				FIRM NAME	ADDRESS	CITY AND STATE
	MO.	YR.	MO.	YR.			
	FROM	/	TO	/			
	\$	EARNINGS (Circle One)			DESCRIBE DUTIES BELOW:		
					WK/MO/YR		
	TYPE OF BUSINESS						
	YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							
	LENGTH OF EMPLOYMENT				FIRM NAME	ADDRESS	CITY AND STATE
	MO.	YR.	MO.	YR.			
	FROM	/	TO	/			
	\$	EARNINGS (Circle One)			DESCRIBE DUTIES BELOW:		
					WK/MO/YR		
	TYPE OF BUSINESS						
	YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							

ALL STATEMENTS ARE SUBJECT TO VERIFICATION