



PRINT IN INK OR TYPE PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You must notify this commission immediately - in writing - of any change of name or address.)

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (if different) Attach written explanation.		

2. TELEPHONE NUMBERS

HOME () _____

BUSINESS () _____

MOBILE () _____

3. SOCIAL SECURITY NO. _____

4. LICENSES AND CERTIFICATIONS

Do you possess a valid N.Y. State Driver's License? YES NO
 If "YES" indicate class: _____

Do you have a license or certificate to practice a trade or profession? YES NO
 If "YES" indicate type: _____

If required for the position sought, you must attach a copy of your license/certification.

Position Applied For: _____

Civil Service Use Only:

Approved *Rejected* *Cond.*

"YES" answers to the following questions must have written explanations attached.

5. Do you object to this Commission making inquiry about your character and qualifications from your present employer? YES NO

6. Have you ever had a driver's license suspended or revoked? YES NO

7. Have you received any summons for traffic violations within the past three years? YES NO

8. Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? YES NO

9. Are there any criminal charges pending against you at this time? YES NO

10. Were you ever dismissed from employment for reasons other than reduction in staff? YES NO

11. EDUCATION:

Do you have a High School or Equivalency Diploma? YES NO
 If yes, name & location of H.S. or issuing authority: _____
 If no, indicate grade completed: _____

Was proof ever submitted to this office? YES NO

If special coursework is required for this position/exam, you must attach written details.

NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.

College education from a foreign country must be evaluated by an accredited evaluation service, and an original report sent by them to this office.

Type of School	School Name, State	Dates Attended From - To (Mo./Yr.) (Mo./Yr.)	Type of Course/Major	Did you Graduate?	Date Degree/ Diploma Received	No. of Credits Received	Type of Degree	Was proof submitted to this office? Yes (date) or No
College, University, Professional, Technical, or Trade		-						
		-						
		-						
		-						

12. DECLARATION: I declare, subject to the penalties of perjury, that I have examined all statements made in this application (including statements made in accompanying papers) and to the best of my knowledge all statements are true and correct.

⇒ **Applicant's Signature:** _____ **Date:** _____

13. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last five years, so state). In addition, you **MUST**:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of workforce supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 ½ x 11 sheets of paper.
6. **This section must be completed even if a résumé is submitted.**

(a) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Your title:	Duties:			
Reason for leaving:				
(b) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Your title:	Duties:			
Reason for leaving:				
(c) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Your title:	Duties:			
Reason for leaving:				
(d) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Your title:	Duties:			
Reason for leaving:				