



OFFICE OF GENERAL SERVICES – EXECUTIVE DEPARTMENT  
**APPLICATION FOR EMPLOYMENT**

**ADDRESS:** Office of General Services  
 Division of Human Resources Management  
 Mayor Erastus Corning 2<sup>nd</sup> Tower, 39<sup>th</sup> Floor  
 Governor Nelson A. Rockefeller Empire State Plaza  
 Albany, N.Y. 12242

**TELEPHONE:** (518) 473-5282  
**FAX:** (518) 473-8610

**Personal Data**

Last Name			First Name			Middle Initial		
Current Mailing/Street Address				Permanent Street Address (if different)				
City		State	Zip Code		City		State	Zip Code
Current Telephone Number ( ) -				Position of Interest:				
Social Security No. - -		E-mail Address			Cell Phone Number ( ) -			

**Employability**

If you are under 18 years of age, can you furnish a work permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Those unable to supply a certificate from the Department of Labor cannot be hired).			
Are you legally authorized to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.</b>			

**Licenses (if required for the position)**

Do you have a currently valid motor vehicle operator's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type of license?	<input type="checkbox"/> Commercial	<input type="checkbox"/> Non-commercial	
Enter Class of license:		State:	Expiration Date:
For professional licenses, enter type of license/registration:			
License/Registration No:	State:	Valid Dates: ___/___/___ to ___/___/___	
If you have applied for a license/registration, but it has not yet been issued, give date of application:			
Type of license:			

**Education**

SCHOOL	NAME/LOCATION	Did You Graduate?	No. of Years Credited	Diploma/Degree	Course of Study
High School/GED					
Colleges or Universities					
Other Courses or Training					

**SPECIAL SKILLS, TRAINING OR CERTIFICATES:**

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## Veterans Status

<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran (Not Disabled)	<input type="checkbox"/> Disabled War Veteran
<p><b>NOTE: To qualify for veteran status, you must have received an honorable discharge from active service of the United States and have been on active duty during one or more of the following Time of War periods:</b></p> <ul style="list-style-type: none"> <li>• December 7, 1941 – December 31, 1946</li> <li>• June 27, 1950 – January 31, 1955</li> <li>• February 28, 1961 – May 7, 1975</li> <li>• August 2, 1990 – the date hostilities end</li> </ul> <p style="text-align: center;"><b>-OR-</b></p> <p>Have served in the US Public Health Services:          July 29, 1945 – September 2, 1945; or June 26, 1950 – July 3, 1952</p> <p style="text-align: center;"><b>-OR-</b></p> <p>Have received the Armed Forces, Navy or Marine Corps Expeditionary Medal for hostilities in:</p> <ul style="list-style-type: none"> <li>• <b>Lebanon:</b> June 1, 1983 – December 1, 1987</li> <li>• <b>Grenada:</b> October 23, 1983 – November 21, 1983</li> <li>• <b>Panama:</b> December 20, 1989 – January 31, 1990</li> </ul>		

## Employment History

**NOTE:** Begin with most recent employment and be sure to include any employment with the State of New York. List all previous employers and please explain any gaps in work history. Add additional sheets if necessary. Candidates who have prior permanent State service may be eligible for reinstatement, depending on title and appointment type. **Please complete all items even if you have already provided us with a resume.**

Employer Name	Street Address	City, Village or Town	State Zip Code
Employer Telephone ( ) -	Salary \$ per	Job Title: Supervisor:	
From (month/year):		To (month/year):	
Explain reason for leaving:			
Describe your duties and responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

Employer Name	Street Address	City, Village or Town	State Zip Code
Employer Telephone ( ) -	Salary \$ per	Job Title: Supervisor:	
From (month/year):		To (month/year):	
Explain reason for leaving:			
Describe your duties and responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

Employer Name	Street Address	City, Village or Town	State Zip Code
Employer Telephone ( ) -	Salary \$ per	Job Title: Supervisor:	
From (month/year):		To (month/year):	
Explain reason for leaving:			
Describe your duties and responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Retirement

Are you a member of a New York public retirement system?  Yes  No

Do you receive benefits from a New York public retirement system?  Yes  No

Name of retirement system:

Registration No.:

### ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED

**If you answer "Yes" to any of the following questions, provide details under the REMARKS section below.** Answers to the questions below do not automatically bar you from employment. However, your failure to answer any of these questions or to provide details will significantly delay determination concerning your qualifications and may bar you from consideration for employment opportunities.

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

Were you ever discharged from any employment except for lack of work or funds?  Yes  No

Have you ever resigned in lieu of disciplinary charges or termination?  Yes  No

**REMARKS** (use this space or attach an additional sheet) For convictions, please list offense, date of conviction and name of court:

**AFFIRMATION:** I certify that the information I have provided on this application and any accompanying documentation, and will provide throughout the hiring process, is correct, accurate and complete. I understand that providing false, incomplete, or misleading information on this application, during the interview, or at any time during the hiring process, is cause for denial or termination of employment, regardless of the timing or circumstances of discovery.

Signature

Date

Please print any other name by which you are or have been known:

**NOTE:** All new employees to State service who are appointed to this agency are required to undergo a background check which includes fingerprinting.

New York State Law prohibits discrimination because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, or arrest record unless based upon a bona fide occupational qualification.