

Employment Application

ATTN: Human Resources

DOH USE ONLY
Exam Title: _____
Exam Grade: _____

Position applied for (Title): _____

SECTION A – Personal Information

Name (please print)	LAST	FIRST	MI	Social Security No.	____	____	____	____	____	____
Address	NO. and STREET or RFD			CITY	STATE	ZIP CODE				
Home Telephone	____	____	____	____	____	____	____	____	____	____
Business Telephone	____	____	____	____	____	____	____	____	____	EXT. _____
E-Mail Address _____										

Please answer the following questions by marking the appropriate box, if you answer YES to questions 2 and/or 3, give details on an attached sheet.

1. a) Are you a citizen of the United States? Yes No b) If not, do you have the legal right to accept employment in the United States? Yes No

2. Were you ever dismissed from any positions or have you ever resigned in lieu of dismissal? Yes No
If YES, give details on attached sheet.

3. A conviction is not an automatic bar to employment. Each case is considered on individual merits. Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been found guilty of ANY misdemeanor, felony, offense or forfeited bail in any court? Yes No
If YES, give details on attached sheet.

4. Did you serve on active duty with the armed forces of the United States? Yes No If YES, give dates _____

5. a) Have you ever worked for New York State? Yes No

DEPARTMENT	DATES (FROM – TO)	TITLE	STATUS *

* (P) Permanent (CP) Contingent Permanent (T) Temporary (PR) Provisional

b) List other names under which your work records might appear _____

c) Were/are you a member of the NYS Retirement System? Yes No
If YES, give Retirement System Number _____

SECTION B – Education and Training (Attach additional sheets if necessary to give your complete background)

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No

If you have a New York State High School Equivalency Diploma (GED) please provide a) Number _____ b) Year Issued _____

Additional Education	Name of School and Location	Attended (Month/Year) From To	Did You Graduate?	Major Subject	College Credits	Type of Degree Received
College, Univ., Or Tech. School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Schools/ Special Courses			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Licenses – If you possess a license, certificate or other authorization to practice trade or profession, complete the following section

Type of License	License Number	Expiration Date	Granted By (Licensing Board)
	Registration Number	Expiration Date	Date License First Issued
Type of License	License Number	Expiration Date	Granted By (Licensing Board)
	Registration Number	Expiration Date	Date License First Issued

List American Specialty Board Certification received _____ List American Specialty Board eligibility _____

SECTION C – Employment History (Begin with most recent employment and be sure to include any employment with New York State. List all previous employers. Add additional sheets if necessary.)

Dates From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	Employer	Job Title and Duties
	Street Address	
	City, State, Zip	
No. of Hours Worked Per Week	Reason for Leaving	Supervisor's Name and Telephone No.
Dates From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	Employer	Job Title and Duties
	Street Address	
	City, State, Zip	
No. of Hours Worked Per Week	Reason for Leaving	Supervisor's Name and Telephone No.
Dates From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	Employer	Job Title and Duties
	Street Address	
	City, State, Zip	
No. of Hours Worked Per Week	Reason for Leaving	Supervisor's Name and Telephone No.

SECTION D – References

May we contact your current employer(s)? Yes No

Provide names, complete addresses and telephone numbers of three business (supervisory) references who are not related to you.

<p>1. _____ NAME _____ STREET _____ CITY STATE ZIP CODE Area Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TELEPHONE NUMBER</p>	<p>2. _____ NAME _____ STREET _____ CITY STATE ZIP CODE Area Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TELEPHONE NUMBER</p>
<p>3. _____ NAME _____ STREET _____ CITY STATE ZIP CODE Area Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TELEPHONE NUMBER</p>	<p>PERSONAL PRIVACY PROTECTION LAW NOTIFICATION (required by Public Officer's Law, Section 94.1(d)) The principal purpose for requiring this information is identification, merit employment systems and management, payment, fiscal and demographic reporting. Failure to provide any or all of the requested information may affect your eligibility, compensation and or employment status. Information maintenance is permitted by NYS Civil Service, Fiscal, Retirement and Labor Laws & Rules, Federal Social Security Law, NYS & federal Affirmative Action/EEO Laws and Rules, and NYS Executive Orders. The information will be maintained in the Personnel Record system by the Director of the NYS Health Department Human Resources Management Group, Corning Tower Room 2299, Empire State Plaza, Albany, NY 12237-0010, telephone number (518) 473-3394. Information may be furnished directly or in summary or statistical form to any NYS, local or federal Government agency having statutory authority to obtain it. Information stipulated by NYS Freedom of Information Law will be furnished as authorized by the DOH Records Access Officer. Each individual has the right to review personal information maintained by the agency unless exempted by law</p>

Note: Exposure to potentially hazardous substances may be involved with some positions. Candidates who accept appointment to those positions may be required to wear personal protective equipment, undergo pre-employment and periodic health evaluations and/or receive specific immunizations.

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

 SIGNATURE DATE

If you require reasonable accommodation (pursuant to the Americans with Disabilities Act and all pertinent federal statutes and laws) at the time of interview, please contact our Human Resource Department at (914) 788-6031