



APPLICATION FOR EMPLOYMENT

We consider qualified applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

PLEASE PRINT

Last Name	First Name	Middle Name	
Have you ever or do you now use an alias? If yes, provide name(s):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	
(Home)	(Cell)		

Position Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Available Start Date:
Desired Pay Range: 	Are you Currently Employed:
How Did You Learn About Us? 	

Can you travel if position requires it? Yes No

Do you have a valid NYS Driver's License? Yes No

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

Have you ever been employed with the Agency before? Yes No

If yes, provide date and position: _____

EDUCATION

	Name & Location	Major/Subjects Studied	Years Attended Graduated Degree
High School			
College			
Other (Specify)			

WORK EXPERIENCE

Please begin from the most recent. Include job-related military service assignments and volunteer activities.

Employer Name & Address	
Dates Employed: From _____ To: _____	Salary: \$ _____
Title & Position Responsibilities:	
Reason for leaving	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Title & Position Responsibilities:	
Reason for leaving	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any gaps in employment.

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List professional, trade, business or civic activities and offices held.

Summarize professional qualifications and computer/software skills acquired.

APPLICANT'S STATEMENT	
I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.	
This application for employment shall be considered active for a period of time not to exceed 45 days.	
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Agency.	
I understand that false or misleading information provided in my application or interview process may result in termination of employment. I agree to abide by all Agency policies and procedures.	
_____ Signature of Applicant	_____ Date