



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF MANAGEMENT AND BUDGET SERVICES  
 BUREAU OF PERSONNEL  
**EMPLOYMENT APPLICATION (HR-1)**  
 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NAME (First, MI, Last)	Posting Number: _____				
Social Security Number:	Position applying for: _____				
Phone numbers (include area code)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Temporary				
Daytime (    ) _____	Location:				
Evening (    ) _____	Date Available:				
EMAIL: _____					
MAILING ADDRESS: (Street, City, State and Zip Code)	LEGAL ADDRESS (if different from mailing address)				
Are you a <input type="checkbox"/> NON-VETERAN <input type="checkbox"/> VETERAN <input type="checkbox"/> DISABLED VETERAN	Do you claim Wartime Veteran Status?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, dates of active military service From _____ To _____				
Are you legally eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>  Will you now, or in the future, require sponsorship for employment visa status (e.g. H-1B visa status or NAFTA?) YES <input type="checkbox"/> NO <input type="checkbox"/>  Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>  If under 18, do you have a working permit? YES <input type="checkbox"/> NO <input type="checkbox"/>	Were you ever a New York State employee? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, title and dates of employment  Are you on any current NYS Civil Service eligible lists? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Examination Title(s)				
<b>EDUCATION AND TRAINING:</b> If additional space is required, attach a separate sheet					
Do you have a High School or General Equivalency Diploma?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name and location of high school or issuing government authority:					
College, University, Professional or Technical School(s)	Credits Received	Major Subject or Type of Course	Type of Degree Received	Did you Graduate?	Date Degree Expected
Name of Institution, City and State	Number _____ <input type="checkbox"/> Semester Hours <input type="checkbox"/> Quarter Hours			<input type="checkbox"/> YES <input type="checkbox"/> NO	MO. / YR.
Name of Institution, City and State	Number _____ <input type="checkbox"/> Semester Hours <input type="checkbox"/> Quarter Hours			<input type="checkbox"/> YES <input type="checkbox"/> NO	MO. / YR.
List any other relevant training, courses, or skills:					

**LICENSE OR CERTIFICATION:** Complete the following if a license, certificate or other authorization to practice a profession or trade is required. If not currently licensed, check this box.  Do you have a valid driver's license?  Yes  No

Name of Profession or Trade	License Number	Granted By (Licensing Agency)	State
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Specialty	Date License First Issued	Current Registration From (MO./YR.) _____ to _____
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**PREVIOUS EMPLOYMENT:** Beginning with the most recent, list below all periods of employment, including NYS employment and service in the armed forces. If additional space is required, attach a separate sheet.

Length of Employment (indicate Mo./Yr.) From: _____ To: _____	Name of Business	Address	City State
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Earnings \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Type of Business	Name and Title of Supervisor
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Your Title	Duties:
Reason for Leaving	

Length of Employment (indicate Mo./Yr.) From: _____ To: _____	Name of Business	Address	City State
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Earnings \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Type of Business	Name and Title of Supervisor
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Your Title	Duties:
Reason for Leaving	

Length of Employment (indicate Mo./Yr.) From: _____ To: _____	Name of Business	Address	City State
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Earnings \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Type of Business	Name and Title of Supervisor
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Your Title	Duties:
Reason for Leaving	

**ADDITIONAL QUESTIONS:**

- YES  NO  Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?  
 YES  NO  Did you ever resign from any employment rather than face discharge?  
 YES  NO  Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?  
 YES  NO  Have you ever been convicted of any crime (felony or misdemeanor)?  
 YES  NO  Are you now under charges for any crime?

**If you answered "YES" to any of the above questions, please explain on a separate sheet.** None of the above 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(s) for which you are applying.

I certify that the information on this Employment Application, and attachments I provided, are correct to the best of my knowledge and belief and that a false statement knowingly made may be considered cause for revocation of appointment. I understand that any information I give may be investigated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL PRIVACY PROTECTION NOTIFICATION**

The information you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining eligibility for employment. The information may also be used in administering employee benefit programs. In either case, it will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits. The information will be maintained by the Director of Personnel, Department of Environmental Conservation, 625 Broadway, Albany, New York 12233-5060, (518) 402-9257.

1/09