



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF MANAGEMENT AND BUDGET SERVICES
 BUREAU OF PERSONNEL SERVICES

EMPLOYMENT APPLICATION (HR-1)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NAME (First, MI, Last)		Posting Number: _____
Social Security Number		Position for which you are applying: _____
Phone numbers (include area code)	() _____ Daytime	<input checked="" type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time <input checked="" type="radio"/> Seasonal/ Temporary
() _____ Evening	Title: _____	Location: _____
	Date Available: _____	

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

LEGAL RESIDENCE (if different from above)	STREET	CITY	STATE	ZIP
--	--------	------	-------	-----

Do you claim wartime veterans' status? YES NO If yes, dates of active military service

NON-VETERAN From _____ To _____

VETERAN

DISABLED VETERAN

Are you legally eligible to work in the United States? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> Will you now, or in the future, require sponsorship for employment visa status (e.g. H-1B visa status)? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	Were you ever a New York State employee? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If yes, title and dates of employment
---	---

Are you at least 18 years of age? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If under 18, do you have a working permit? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	Are you on any current NYS Civil Service eligible lists? YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> If yes, Examination Title _____
---	---

EDUCATION AND TRAINING: (if additional space is needed, attach a separate sheet)

Do you have a High School or General Equivalency Diploma? YES NO
 If yes, name and location of high school or issuing governmental authority:

College, University, Professional or Technical School(s)	Credits Received <input checked="" type="radio"/> Semester <input checked="" type="radio"/> Quarter Hours	Major Subject or Type of Course	Type of Degree Received	Did you graduate?	Date Degree Expected
Name				YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	MO. / YR.

Address (City, State)

Name				YES <input checked="" type="radio"/> NO <input checked="" type="radio"/>	MO. / YR.
------	--	--	--	---	-----------

Address (City, State)

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.

Name of Profession or Trade	License Number	Granted By (Licensing Agency)	State
Specialty	Date License First Issued	Current Registration From (Mo./Yr.) _____ to _____	

PREVIOUS EMPLOYMENT: Beginning with the most recent, list below all periods of employment, including state employment and service in the armed forces. If additional space is required, attach a separate sheet.

EMPLOYMENT From: (Mo./Yr.) _____ To: (Mo./Yr.) _____	Name, Address and Business of Employer	Salary (Week or Year)
--	--	-----------------------

Reason for Leaving:	Title and Duties: Name and Title of Supervisor:
---------------------	--

EMPLOYMENT From: (Mo./Yr.) _____ To: (Mo./Yr.) _____	Name, Address and Business of Employer	Salary (Week or Year)
--	--	-----------------------

Reason for Leaving:	Title and Duties: Name and Title of Supervisor:
---------------------	--

EMPLOYMENT From: (Mo./Yr.) _____ To: (Mo./Yr.) _____	Name, Address and Business of Employer	Salary (Week or Year)
--	--	-----------------------

Reason for Leaving:	Title and Duties: Name and Title of Supervisor:
---------------------	--

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 a 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 answers 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.

01/03