

Application For Employment

PLEASE ANSWER ALL QUESTIONS /COMPLETE BOTH SIDES

Personal History		(Last Name)	(First Name)	(Middle Initial)			
MAILING ADDRESS (Street)		(City)	(State)	(Zip)			
TELEPHONE NUMBER (Work)	TELEPHONE NUMBER (Home)	E-MAIL ADDRESS		SOCIAL SECURITY NUMBER (Optional)			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, ENTER YOUR ALIEN REGISTRATION NUMBER		ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Employment Desired							
<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> CLERICAL	<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> OTHER				
POSITION YOU ARE APPLYING FOR:		OFFICE LOCATION OF POSITION:					
IS YOUR NAME ON THE ELIGIBLE LIST FOR THIS POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU APPLYING FOR TRANSFER TO THIS POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> FULL-TIME PERMANENT	<input type="checkbox"/> TEMPORARY From _____ To _____	CURRENTLY EMPLOYED BY SED <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER STATE AGENCY			
<input type="checkbox"/> PART-TIME	From _____ To _____	DAYS AVAILABLE _____					
<p>Answer the following two questions by checking either "Yes" or "No".</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 1. Were you ever dismissed from any public or private employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been convicted of any crime in this State or any other jurisdiction?</p> <p><i>If your answer to either of these two questions was "YES" provide an explanation here. If you prefer not to provide an explanation on this form, you may be asked to submit a written explanation under separate cover.</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>							
<p>NOTE: Neither of the above circumstances represents an automatic bar to employment. Each case is evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which candidate has applied.</p>							
Education	Name Of School and Location	Attended		Years Completed	Did You Graduate?	Major Subject	Degree Received
		From	To				
High School							
College, University Or Technical School							
Other Schools Or Special Courses							

New York State and Federal Law prohibit discrimination on the basis of race, color, national origin, religion, age, sex, marital status or disability not relevant to job performance.

<i>Certificates and Licenses</i> Teaching Certificate/Professional Licenses	Permanent Or Provisional	Certificate Or License #	Name of Issuing Agency or State	Effective Date	Expiration Date

<i>Work Experience</i> Include names, addresses, and telephone numbers of your past employers	Annual Or Hourly Wage	Employed (mo/yr)		Title and Duties Of Your Position
		From:	To:	
Supervisor:				
Supervisor:				
Supervisor:				
Supervisor:				
Supervisor:				

Yes No May we contact the above employers for a reference?

References (List three people who can attest to your experience)

Name	Name	Name
Address	Address	Address
Telephone Number	Telephone Number	Telephone Number
Position	Position	Position

I affirm that all statements made on this form, including any accompanying papers, are true under penalty of perjury. I further authorize investigation of said statements. Verification of information may be required prior to appointment. I understand that any false statements made on this form or accompanying paper may nullify my appointment or lead to my dismissal.

Signature	Date
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