**NEW YORK STATE** DEPARTMENT OF PUBLIC SERVICE

## **EMPLOYMENT APPLICATION**

Position(s) applied for:		
rusition(s) applied for.		

State

As an EQUAL OPPORTUNITY EMPLOYER, our employment policies are designed to ensure full and equal employment opportunities for minorities, women, the disabled and Vietnam-era veterans.

			PEF	RSONAL H	ISTORY				
Full Name (Last, First, Middle)					ne Phone:				
					siness Phone:	acca Phonos			
Address (Street	Address (Street, City, State, Zip Code)								
Social Security	Number (Optional)		Are you 18	R vears of age	or older □ Yes	□ No	Volu	nteer Firefigh	nter
Are you to yours or age or older - 1 tes - 1 tes					п	☐ Yes ☐ No			
If no, state your age							2 .00 2		
	authorized to work i			mont vica stati	ıe?			Yes □ No Yes □ No	
Will you now or in the future require sponsorship for employment visa status?									
■ Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds or have you ever resigned in lieu of charges? □ Yes □ No									
or juveni	or minor traffic violatile delinquent, have	you ever been							
currently	/ facing criminal cha	irges?						Yes □ No	
EDUCATION HISTORY									
Grade highest y	ear completed:	High School	ol 1 2 3 4	College 1	2 3 4 Gra	aduate S	tudy 1 2 3		
			Full						
		Day	or	No.	Were		Type of	Number	_
	Name of School	(s) Night	Part Time	of Years Credited	You Graduated?	_	ourse or or Subject	of Credits Received	Degree Received
High School*	Name of concent	(5) Night	111110	Orcanca	Graduatea:	maj	or oubject	XXXXXXX	XXXXXXX
								XXXXXXX	XXXXXXXX
								XXXXXXX	XXXXXXXX
College, University									
Professional									
or Technical School									
College									
Honors Other									
Schools or Special									
Courses									
*If you have a New York State high school equivalency diploma give number and year of issue:									
MILITARY SERVICE (In the Armed Forces of the United States or State Militia)									
Branch of servi	ce	Date entered	<u> </u>	Tvi	pe of discharge			Veteran S	Status
		,,				☐ Disabled			
Service number	•	Date released:  Reserve status  □ Veteran							
		п.		□ lessed				☐ Non-v	eteran
Residence on d	ate of entry into mili	□ None		☐ Inactive	☐ Activ	ve			

County

## **EMPLOYMENT HISTORY**

Begin with your most recent employment and work backward consecutively; add additional sheets, if necessary.						
Length of Employment	Firm Name		Address	City, State and Zip Code		
From: Mo Yr						
	Type of Busin	ness	Your Title	Name and Title of Your Supervisor		
To: Mo Yr						
Total: Yrs Mos	Duties:					
Total hrs. per week						
Annual Salary \$						
Reason for Leaving						
Reason for Leaving						
Length of Employment	Firm Name		Address	City, State and Zip Code		
From: Mo Yr						
	Type of Busin	ness	Your Title	Name and Title of Your Supervisor		
To: Mo Yr						
Total: Yrs Mos	Duties:					
Total hrs. per week						
Annual Salary \$						
Reason for Leaving						
Reason for Leaving						
Length of Employment	Firm Name		Address	City, State and Zip Code		
From: Mo Yr						
	Type of Business		Your Title	Name and Title of Your Supervisor		
To: Mo Yr						
Total: Yrs Mos	Duties:			•		
Total hrs. per week						
Annual Salary \$						
Reason for Leaving						
reason for Ecaving						
	Cive Three Bref		RENCES y References (No Relatives or Fri	ands)		
Name		ddress	y References (NO Relatives of Fit	Telephone		
REMARKS						
Include here any skills or licenses you may possess, professional societies to which you belong, civil service status, volunteer experience, community activities and any other information you believe would be helpful to us in considering your application.						
activities and any other information you believe would be helpful to us in considering your application.						
Legitify, that the information I provided on this profession and any accommodity to the legit would do the first transfer to the second of the						
I certify that the information I provided on this application, and any accompanying documentation I will provide throughout the hiring process, is correct, accurate and complete. I understand that providing false, incomplete, or misleading information on this application,						
during the interview, or at any time during the hiring process, may be cause for denial or termination of employment, regardless of the timing or circumstances of discovery. I also understand that, if accepted for employment, I cannot hold any stocks or bonds or have any interest,						
direct or indirect, in persons, corporation or entities subject to the jurisdiction of the Public Service Commission.						
Date Signature						