

## EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

**Submit to:**  
**Email:** [hr@nysba.ny.gov](mailto:hr@nysba.ny.gov)  
**Fax:** 845-691-4038  
**Mail:** PO Box 1010,  
 Highland, NY 12528

New York State (NYS) is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact the Human Resources Department at 845-691-7245.

### IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the **ADDITIONAL REMARKS** section. Applicants may be required to complete additional components of the Employment Application as directed by the hiring agency. Part 2 of the New York State Employment Application must be completed by Applicants after the interview process.

**Name:**

XXX/XX/

**Current Mailing/Street Address:**

SSN (last 4 digits only)

**City**

**State**

**Zip Code**

**NYS EMPLID (if assigned)**

**Email Address:**

**Permanent Street Address (if different from above):**

**Area Code/Home Phone**

**Area Code/Business Phone**

**List any other names by which you have been known (including nicknames):**

**Area Code/Cell Phone**

### APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes ☐ No ☐
- b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes ☐ No ☐

#### POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview.

- a. Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? Yes ☐ No ☐
- b. If yes, please select your license class: **CDL** ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **Other (specify)**

**Licensing State:**

**License Number:**

c. For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:

d. Have you ever had your driver license revoked or suspended? Yes ☐ No ☐ N/A ☐  
If yes, please explain: Please note that any information regarding criminal conviction during a period of suspension/  
revocation of your license should only be disclosed on Part 2-Post Interview Form

#### POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:

a. Name of Trade or Professional License/Certificate:

License No.:

Issued By:

Issue Date:

Expiration Date:

Registration Date:

Registration Expiration Date:

Type/Specialty:

b. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes ☐ No ☐ N/A ☐

c. Has your license/certification/registration ever been revoked? Yes ☐ No ☐ N/A ☐  
If yes to 3b or 3c, please specify in detail:

#### POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.

Relative Name:

Relationship to you:

☐ Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. Please provide the names of any entity (Business or Vendor) or describe any connection you have to any entity doing business with the agency with which you are seeking employment. If a relative, as defined in Question 4, is affiliated with, or owns an entity doing business with NYS, use this section to describe the connection to you.

Name of Entity with which you have a connection:

Describe the connection and any relationship to you:

☐ Check here if you have no relationship or connection to any entity doing business with NYS.

#### JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired:

Laborer

Toll Collector

Administrative

7. Geographic work location(s) /bridge(s) desired (ONLY APPLICABLE TO MAINTENANCE AND STB ROLES):

Rip Van Winkle

Kingston-Rhinecliff

Mid-Hudson

Newburgh-Beacon

Bear Mountain

8. Schedule Desired (ONLY APPLICABLE TO MAINTENANCE AND STB ROLES):

Permanent

Temporary

Seasonal (winter and/or summer)

9. If offered a position with NYSBA, when would you be available for work?

Note: Toll Collector positions require shift work and availability nights and weekends

## EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by:			Number:
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

## EMPLOYMENT & EXPERIENCE

Please list all periods of employment\*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer:

Address:

Supervisor's Name and Title:

Salary:

Your Title and Duties:

Date Employed:

To:

Area Code/Telephone:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

\*\*\*\*\*

Name of Present or Last Employer:

Address:

Supervisor's Name and Title:

Salary:

Your Title and Duties:

Date Employed:

To:

Area Code/Telephone:

Reason(s) for Leaving:

\*\*\*\*\*

Name of Present or Last Employer:

Address:

Supervisor's Name and Title:

**Salary:**

Your Title and Duties:

Date Employed:

To:

Area Code/Telephone:

Reason(s) for Leaving:

\*Attach additional sheets as needed

10. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes ☐ No ☐

If "Yes" please identify any other concurrent employer and position(s), including self-employment:

Employer:

Position Held:

Employer Address:

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

## PROFESSIONAL REFERENCES

Name:

Relationship:

Address:

Telephone Number:

Email Address:

\*\*\*\*\*

Name:

Relationship:

Address:

Telephone Number:

Email Address:

\*\*\*\*\*

Name:

Relationship:

Address:

Telephone Number:

Email Address:

\*\*\*\*\*

## ADDITIONAL REMARKS

Additional Sheets Attached? Yes ☐ No ☐

## APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature:

Date:

## SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

**Additional Testing Required for Certain Positions:** Fingerprinting, physical/medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in, and/or pass, any required examinations and/or tests will negatively affect your employment eligibility and/or status.

**Former State or Local Government Retirees:** Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

**Post-Employment Restrictions:** Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, and
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.



# EMPLOYMENT APPLICATION PART 1A – HIRING AGENCY ADDENDUM

Form #S1000

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If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: the Human Resources Department at 845-691-7245.

## APPLICANT INFORMATION

Please read all instructions carefully. This Addendum is considered a supplement to the NYS General Employment Application Part 1 for use by the Human Resources Office only. If you need additional space, please use the **ADDITIONAL REMARKS** section. Part 2 of the New York State Employment Application must be completed by Applicants after the interview process.

Name: XXX/XX/  
County of Residence: SSN (last 4 digits only)

## NEW YORK STATE CIVIL SERVICE STATUS

- |   |     |    |
|---|-----|----|
| 1. Are you currently on any NYS Civil Service eligible lists? | Yes | No |
| 2. Have you previously applied to this hiring agency?         | Yes | No |

## RETIREMENT SYSTEM MEMBERSHIP

- |   |     |    |
|---|-----|----|
| 3. Are you presently, or have you ever been a member of the NYS or Local Retirement System?<br>If "Yes," please provide Retirement System Number:                                 | Yes | No |
| 4. Are you presently receiving a monthly retirement benefit from the NYS or Local Retirement System?<br>If "Yes," please provide the name of the employer from which you retired: | Yes | No |

## FIREFIGHTER STATUS

- |  |     |    |
|--|-----|----|
| 5. Are you an exempt volunteer Firefighter?  | Yes | No |
| Certificate filed with: County Clerk:<br>To ensure credit for exempt volunteer Firefighter's status, as defined in Section 200 General Municipal Law, the Certificate must be filed with the Agency's Human Resources Management Office. |     |    |

## MILITARY SERVICE & VETERANS STATUS – U.S. ARMED FORCES

- |                                   |             |         |                  |                            |
|-----------------------------------|-------------|---------|------------------|----------------------------|
| 6. Are you a:                     | Non-Veteran | Veteran | Disabled Veteran | Spouse of Disabled Veteran |
| 7. Dates of active service: From: | To:         |         |                  |                            |
| 8. Are you in a reserve unit?     | Yes         | No      |                  |                            |

## WARTIME VETERAN STATUS

To qualify for wartime veteran status, you must have received an honorable discharge from active service of the United States and have been on active duty during one or more of the following periods:

- a. **WORLD WAR II:** December 7, 1941 - December 31, 1946;  
**VIETNAM CONFLICT:** December 22, 1961 - May 7, 1975;  
**KOREAN CONFLICT:** June 27, 1950 - January 31, 1955;  
**PERSIAN GULF CONFLICT:** August 2, 1990 - the date upon which such hostilities end\* \*(includes the Global War on Terrorism), or
- b. Have served in the **Commissioned Corps of the United States Public Health Services** from:  
  
July 29, 1945 - September 2, 1945;  
June 26, 1950 - July 3, 1952, or
- c. Have received the **Armed Forces, Navy or Marine Corps Expeditionary Medal** for:  
  
**HOSTILITIES IN LEBANON:** June 1, 1983 - December 1, 1987;  
**HOSTILITIES IN GRENADA:** October 23, 1983 - November 21, 1983;  
**HOSTILITIES IN PANAMA:** December 20, 1989 - January 31, 1990

**9. Do you claim Wartime Veteran Status?**

Yes No

If "Yes," please provide dates of active military service:

From:

To:

A discharge other than Honorable is not an automatic bar to employment. Each response will be reviewed on an individual basis in relation to the ability to perform job duties.

**10. Did you receive an honorable discharge?**

Yes No

**FOR PUBLIC OFFICER POSITIONS ONLY**

DO NOT COMPLETE THIS SECTION UNLESS YOU ARE DIRECTED TO DO SO BY THE HIRING AGENCY

**11. Are you a U.S. Citizen?**

Yes No

**ADDITIONAL REMARKS SECTION**

Additional Sheets Attached? Yes No

## SUPPLEMENTAL INFORMATION FOR APPLICANTS

INSERT SUPPLEMENTAL INFORMATION HERE