

Office # (518) 457-3216
 Fax # (518) 457-8852

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS. IF THE SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, USE THE ADDITIONAL COMMENTS SPACE PROVIDED ON THE BACK OR ATTACH THE ADDITIONAL INFORMATION. THIS APPLICATION WILL BE KEPT ACTIVE FOR ONE YEAR. AFTER THAT, YOU MUST REAPPLY.

Name	Title of position applied for
Address	Have you worked for this Department before? <input type="checkbox"/> YES <input type="checkbox"/> NO Year(s) _____ Position _____
City/State/Zip	Do you currently work for any NYS agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____ If yes and you will continue in that agency, a Dual Employment form must be approved by your primary agency and on file with the Office of the State Comptroller.
Daytime Telephone No. () Evening: () Cell: () E-mail:	Do you have any personal or family relationships with any current employee of the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO Personal and family relationships include: persons living in the same household, parents, spouse, siblings, children, in-laws or other direct descendants of your grandparents or the spouse of such descendant. If yes, who _____
Except for minor traffic violations, have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you currently awaiting trial on any criminal charges? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been discharged or asked to resign from any position in lieu of dismissal? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered yes to any of these questions, please explain in the additional comments section on the back page. (A "yes" answer does not necessarily prohibit you from employment with this Department.)	Do you have any personal, family or business relationships with any contractor, license holder or anyone doing business with the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO Business relationships include: your ownership, employment, activity, or financial interest with business, vendors, license holders or others that do business or have contracts with the Department. If yes, who _____
Are you an exempt volunteer fireman? <input type="checkbox"/> YES <input type="checkbox"/> NO Certificate filed with _____ County Clerk NOTE: To ensure credit for exempt volunteer fireman's status, as defined in Section 200 General Municipal Law, Certificate must be filed with Division of Human Resources Management.	CHECK VETERANS' STATUS <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled War Veteran NOTE: To qualify for Veterans' Status, you must have received an honorable discharge from active service of the U.S. and have been on active duty between Dec. 7, 1941 & Dec. 31, 1946; June 26, 1950 & Jan. 31, 1955; Dec. 22, 1961 & May 7, 1975, or during the Persian Gulf Conflict beginning Aug. 2, 1990. Verification will be required at time of appointment.
Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO State _____ Class _____ # _____	Social Security Number
	Are you legally eligible for work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, age ____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name	Relationship	Telephone No. ()
Address	City	State Zip Code

APPLICANT CERTIFICATION AND AUTHORIZATION TO OBTAIN EMPLOYMENT REFERENCES

Certification

I certify that the statements I have made in this application are true, complete, and correct. I understand all statements made by me in connection with this application are subject to investigation and verification. An omission, material misstatement or fraudulent representation may disqualify me from appointment and/or lead to revocation of my appointment.

Signature

Date

Reference Release Statement

I, (Print Name) _____ hereby authorize the New York State Department of Agriculture and Markets to investigate and make inquiries into my employment and background as may be necessary to reach an employment decision and to obtain professional and/or character references from any previous employers. I hereby release any and all previous employers and the New York State Department of Agriculture and Markets from all liability for any damage whatsoever incurred in furnishing such information.

Signature

Date

EDUCATION

Name and Location of School	Graduated Month/Year	Major Subject	No. of Credits	Type of Diploma or Degree Received
High School or Equivalency Program			N/A	
College(s)				
Other				
Job Related Skills/Licenses/Certificates				

EMPLOYMENT EXPERIENCE

Begin with your current or most recent employment. Please complete all sections even if you have provided a resume.

Current or Most Recent Employer	Address/City/State/Zip	Salary	Dates Employed From ___/___/___ To ___/___/___
Job Title and Duties		Supervisor Supervisor's Telephone No. ()	
Reason for Leaving		Number of hours worked per week	
Employer	Address/City/State/Zip	Salary	Dates Employed From ___/___/___ To ___/___/___
Job Title and Duties		Supervisor Supervisor's Telephone No. ()	
Reason for Leaving		Number of hours worked per week	
Employer	Address/City/State/Zip	Salary	Dates Employed From ___/___/___ To ___/___/___
Job Title and Duties		Supervisor Supervisor's Telephone No. ()	
Reason for Leaving		Number of hours worked per week	

ADDITIONAL COMMENTS

--

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you are providing on this application is requested by the Department of Agriculture and Markets and will be maintained with your personal history file if you are hired. Otherwise, it will be maintained in an applicant file. The Director of Human Resources, New York State Department of Agriculture and Markets, 10B Airline Drive, Albany, New York 12235, Telephone Number (518) 457-3216, is responsible for these records. This information is collected and maintained pursuant to Article 2 of the Agriculture and Markets Law, the Civil Service Law and Article 6-A of Public Officers Law. The principal purpose of collecting this information is to determine eligibility for initial and continued employment and in administering employee benefit programs. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

IF YOU NEED AN ACCOMMODATION

It is the policy of the Department of Agriculture and Markets to reasonably accommodate persons with a disability. Upon request, we will provide such applicants reasonable accommodations necessary to insure full participation in our interview and selection process. If you require such an accommodation, please contact: Director of Human Resources, NYS Department of Agriculture and Markets, 10B Airline Drive, Albany, New York 12235, (518) 457-3216.

New York State Law prohibits discrimination based on age, race, creed, color, sex, sexual orientation, national origin, disability, marital status, military status, domestic violence victim status, genetic predisposition, carrier status, or arrest record unless based upon a bona fide occupational qualification or other exception.