

Employment Application

Position applied for (Title)

Program

Section A – Personal Information

Name (Please Print) Last		First	Middle Initial	Social Security Number - -	
Address	No. and Street	City	State	Zip Code	
Telephone	Home Area Code ()	Cell Area Code ()	Business Area Code ()	Extension	

Please answer the following questions by marking the appropriate box. If you answer YES to questions 2 or 3, give details on a separate sheet and attach to application.

- | | | |
|--|-------------------------|-------------|
| 1a. Are you a citizen of the United States? | YES | NO |
| 1b. If not, do you have the legal right to accept employment in the United States? | YES | NO |
| 1c. If YES, indicate the type of visa or other documentation that supports your legal right to accept employment in the United States: _____ | | |
| 2. Were you ever dismissed from any positions or have you ever resigned in lieu of dismissal? If YES, give details on attached sheet. | YES | NO |
| 3. A conviction is not an automatic bar to employment. Each case is considered on individual merits. Except for adjudications as a youthful offender or juvenile delinquent, have you ever been convicted of or pled guilty to ANY misdemeanor, felony or violation (other than parking violations), or forfeited bail in any court? If YES, give details on attached sheet. | YES | NO |
| 4. Did you serve on active duty with the armed forces of the United States? If YES, give dates: _____ | YES | NO |
| 5a. Have you ever worked for New York State? | YES | NO |
| Department _____ | Dates (From – To) _____ | Title _____ |
| _____ | | |
| _____ | | |
| 5b. List other names under which your work records might appear: _____ | | |
| 5c. Were you or are you currently a member of the NYS Retirement System? | YES | NO |

Section B – Education and Training Attach additional sheets if necessary to give your complete background

Do you have a high school diploma or equivalent?							YES	NO
Additional Education	Name of School and Location	Attended (Month/Year) From – To	Did you graduate?		Major Subject	College Credits	Type of Degree Received	
College, University or Technical School			YES	NO				
			YES	NO				
Other Schools or Special Courses			YES	NO				
			YES	NO				

Licenses – If you possess a license, certificate or other authorization to practice a trade or profession, complete the following section.

Type of License	License Number	Expiration Date	Granted by (Licensing Board)
	Registration Number	Expiration Date	
Type of License	License Number	Expiration Date	Granted by (Licensing Board)
	Registration Number	Expiration Date	
List American Specialty Certification received	List American specialty Board eligibility		

Section C – Employment History

(Begin with the most recent employment and be sure to include any employment with New York State. List all previous employers. Add additional sheets if necessary. A resume may be substituted for this section if it provides essentially the same information.)

Dates	Employer	Job Title and Duties
From Month/Year /	Street Address	
To Month/Year /	City, State, Zip	
No of hours worked per week	Reason for Leaving	
		Supervisor Name and Telephone Number
Dates	Employer	Job Title and Duties
From Month/Year /	Street Address	
To Month/Year /	City, State, Zip	
No of hours worked per week	Reason for Leaving	
		Supervisor Name and Telephone Number
Dates	Employer	Job Title and Duties
From Month/Year /	Street Address	
To Month/Year /	City, State, Zip	
No of hours worked per week	Reason for Leaving	
		Supervisor Name and Telephone Number

Section D – References – Also, please sign and date the attached Release Authorization form.

May we contact your current employer(s)? YES NO

Provide names, addresses and telephone numbers of three references who are not related to you.

1. Name	Address Street	Telephone Number
	City	Area Code ()
	State, Zip	
2. Name	Address Street	Telephone Number
	City	Area Code ()
	State, Zip	
3. Name	Address Street	Telephone Number
	City	Area Code ()
	State, Zip	

Personal Privacy Protection Law Notification — Please read the following statements and sign [required by Public Officers Law, Section 94.1(d)]

- The principal purpose for requesting this information is identification (merit employment systems management payment) fiscal and demographic reporting. Failure to provide any or all of the requested information may affect your eligibility, compensation, and/or employment status. Information maintenance is permitted by NYS Civil Service, Fiscal, Retirement and Labor Laws & Rules; federal Social Security Law; NYS & federal Affirmative Action EEO Laws and Rules; and NYS Executive Orders. The information will be maintained in the Personal Record System by the Director of the NYS Health Department's Human Resources Management Group, Corning Tower, Room 2295, Empire State Plaza, Albany, NY 12237-0010. Telephone number (518) 473-3394. Information may be furnished directly or in summary or statistical form to any NYS local or federal government agency having statutory authority to obtain it. Information stipulated by NYS Freedom of Information Law will be furnished as authorized by the DOH Records Access Officer. Each individual has the right to review personal information maintained by the agency, unless exempted by law.
- Exposure to potentially hazardous substances may be involved with some positions. Candidates who accept appointment to those types of positions may be required to wear personal protective equipment, undergo pre-employment and periodic health evaluations and/or receive specific immunizations.
- I understand that, if hired, I must meet eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9.
- I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

Name (please print)

Applicant's Signature

Date

The Department of Health may contact you to schedule an interview. If, pursuant to the Americans with Disabilities Act or other laws protecting the rights of persons with disabilities, you will require a reasonable accommodation to participate in the interview, please advise the person scheduling the interview or contact the Department's Bureau of Personnel Management at (518) 486-1812.

Application Authorization for Release of Information

To confirm the information I supplied on my application for employment with the New York State Department of Health, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and military services to disclose their relevant records as well as supply information verbally and in writing about me to the Human Resources Management Group and to the New York State Department of Civil Service, whether the information be of public, private or confidential nature; and release them from any liability and responsibility from doing so.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization may be considered in determining my suitability for employment by the New York State Department of Health.

This authorization, in original or copy form, shall be valid during the course of my employment with the New York State Department of Health.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Name (please print)

Applicant's Signature

Date