

Application for Employment

NEW YORK STATE DEPARTMENT OF STATE
 BUREAU OF HUMAN RESOURCES MANAGEMENT
 ONE COMMERCE PLAZA, 99 WASHINGTON AVE.
 ALBANY, NEW YORK 12231-0001

NAME (LAST) (FIRST) (MI)			OFFICE USE ONLY	
ADDRESS			POSITION	
			DATE HIRED	INTERVIEWED BY
			STATUS	
			ITEM NUMBER	
HOME PHONE ()		BUSINESS PHONE ()	LIST NO./SCORE	

1. If employment is offered to you, on what date could you begin work? MONTH / DAY / YEAR
2. Do you have a valid driver's license? YES NO
3. Are you a United States citizen? YES NO
- If NO, are you eligible for legalization status under the Immigration Reform and Control Act of 1986? YES NO
 - If you are eligible to apply for legalization status, do you intend to apply for legal status and seek interim approval to work from the Immigration Service? YES NO
 - Please be advised that within 3 days of your commencement of employment, you must provide proof of citizenship or proof of your legal authorization to work in the United States.
4. Are you 18 years of age or older? YES NO
- If NOT: How old are you? _____ Do you have working papers? YES NO
5. Are you a veteran of the Armed Forces of the United States? YES NO
- If YES, honorably discharged? YES NO
- Dates of active service: From: _____ To: _____ Are you in a reserve unit? YES NO
6. Were you ever dismissed from any employment for reasons other than lack of work or funds? YES* NO
7. Have you ever been convicted or pled guilty to a misdemeanor or felony? An affirmative response is not an automatic bar to employment. Each case is considered on individual merits. YES* NO

***EXPLAIN ANY "YES" RESPONSE TO QUESTION 6 OR 7 IN THE "REMARKS" SECTION, BELOW.**

EDUCATION	8. CIRCLE THE LAST GRADE (YEAR) OF SCHOOL YOU ATTENDED: 1 2 3 4 5 6 7 8 9 10 11 12			
	9. DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	10. NAME OF COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL YOU ATTENDED			
	DATES ATTENDED (MONTH AND YEAR)		MAJOR	MINOR
	<i>From:</i>		<i>To:</i>	
	NUMBER OF YEARS CREDITED	DEGREE RECEIVED	LOCATION OF SCHOOL (CITY/STATE)	
	11. NAME OF OTHER SCHOOL OR SPECIAL COURSE YOU ATTENDED			
	DATES ATTENDED (MONTH AND YEAR)		COURSE OF STUDY	
	<i>From:</i>		<i>To:</i>	
	NUMBER OF YEARS CREDITED	DEGREE RECEIVED	LOCATION OF SCHOOL (CITY/STATE)	
	12. TITLES OF ANY OCCUPATIONAL OR PROFESSIONAL LICENSES YOU HOLD			

REMARKS	(ATTACH additional sheets if necessary)

THE DEPARTMENT OF STATE IS AN EQUAL OPPORTUNITY EMPLOYER
 WITH A WRITTEN AFFIRMATION ACTION PLAN
 REASONABLE ACCOMMODATIONS WILL BE PROVIDED, UPON REQUEST, FOR THE DISABLED.

List your two most recent employers beginning with your present (or most recent) employment.

EXPERIENCE	NAME OF EMPLOYER			MONTHLY EARNINGS
	LOCATION OF EMPLOYER			
	(CITY)		(STATE)	(ZIP)
	SUPERVISOR'S NAME AND TITLE		DATE YOU BEGAN	DATE YOU LEFT
	YOUR TITLE		YOUR DUTIES	
	REASON FOR LEAVING			
	NAME OF EMPLOYER			MONTHLY EARNINGS
	LOCATION OF EMPLOYER			
	(CITY)		(STATE)	(ZIP)
	SUPERVISOR'S NAME AND TITLE		DATE YOU BEGAN	DATE YOU LEFT
	YOUR TITLE		YOUR DUTIES	
	REASON FOR LEAVING			

I certify that the statements on this application and any attached papers are correct to the best of my knowledge. I also understand that falsification and/or misrepresentation may result in my dismissal, if I am accepted for employment.

Applicant's Signature **X** _____ Date _____

DEPARTMENT OF STATE POLICIES

The Department of State has certain department-specific policies that you, as a prospective employee, should be aware of:

POLITICAL ACTIVITIES — Department policy as well as state and federal statutes govern political activities of state employees. The federal Hatch Act prohibits employees working in federally-funded programs from being candidates for partisan elective office.

OUTSIDE EMPLOYMENT — Department policy generally prohibits employees from engaging in any occupational field licensed/regu- lated by the Department of State which may include but is not limited to the following: real estate appraiser, broker or salesperson; cosmetologist; barber; private investigator; watch, guard or patrol agency; hearing aid dispensers and any position governed by State Athletic Commission rules and regulations. Should you accept a position with the Department, you cannot be employed in any occupational field licensed/regulated by the Department of State. However, certain part-time employees may be eligible to receive a waiver of this prohibition upon application to the Department's General Counsel. If applicable, please consult with the Bureau of Human Resources Management for further information on the requirements and process for obtaining such a waiver.

If you have any questions or concerns about any of these policies, please ask for more information and/or a copy of the policy.

I have read the above information on Department Policies.

Applicant's Signature **X** _____ Date _____

INTERVIEW

Interviewer's Signature **X** _____ Date _____