

# 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)
ADDRESS		
HOME PHONE (    )	BUSINESS PHONE (    )	

- MONTH   DAY   YEAR  
          /     /
1. If employment is offered to you, on what date could you begin work? .....
  2. Do you have a valid driver's license? .....  YES  NO
    - Travel Requirements: Appointment to certain positions requires extensive travel within a designated area of assignment. Appointees to these positions may be required to operate a motor vehicle or otherwise demonstrate their capacity to meet the transportation needs of the job. If the position requires that you operate a motor vehicle, you must possess a driver's license valid in New York State at the time of your appointment and continuously thereafter. Field work and travel expenses are reimbursed on a fixed schedule.
  3. Are you legally eligible for employment in the United States ? .....  YES  NO
    - You must be legally eligible to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.
  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
    - 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 of a misdemeanor or felony that was not dismissed, expunged or sealed? .....  YES\*  NO
- An affirmative response is not an automatic bar to employment. Each case is considered on individual merits.*

**\*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 OR GENERAL EQUIVALENCY DIPLOMA? ..... YES <input type="checkbox"/> NO <input type="checkbox"/>
	10. NAME OF COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL YOU ATTENDED
	• DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	• DEGREE EXPECTED?    _____
	11. NAME OF OTHER SCHOOL OR SPECIAL COURSE YOU ATTENDED
	• DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	• DEGREE EXPECTED?    _____
	12. TITLES OF ANY OCCUPATIONAL OR PROFESSIONAL LICENSES YOU HOLD
	_____
	(ATTACH additional sheets if necessary)

REMARKS	
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The Department of State provides reasonable accommodations to applicants upon request. If you need a reasonable accommodation for any part of the application or hiring process, please contact the Office of Affirmative Action Programs at (518) 474-2752.

**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 all statements made by me in connection with this application are subject to investigation and verification and that falsification, misrepresentation and/or omission of information may disqualify me from employment and/or lead to revocation of my employment.

The information you submit on this application will be used to determine eligibility for employment and will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the information requested may affect your employment status.

I understand I may be subject to fingerprinting, background and reference checks and I hereby authorize any current employer, military records center, school, professional references I provide or other organizations with information regarding the contents of my application to provide such information to the Department of State for the purpose of determining my employment eligibility.

Applicant's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF STATE POLICIES**

The Department of State is Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of age, race, color, creed, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, prior arrest record, or previous criminal conviction records. The Department of State has certain department-specific policies that you, as a prospective employee, should be aware of:

**OUTSIDE EMPLOYMENT** — Employees of the Department of State should not have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of their duties in the public interest.

Department of State employees shall avoid conflicts of interest when engaged in outside activity with or without compensation. Conflicts of interest include situations where an employee's conduct violates the public trust. Because of the diversity of the agency, employees should be especially cautious about possible conflict of interest when outside activities relate to the programs of the Department of State.

In addition, employees must not engage in activities other than official Department of State business during their scheduled working hours.

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: \_\_\_\_\_

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## NYSAC INSPECTOR APPLICATION - ADDENDUM

NAME (LAST) (FIRST) (MI)

1. Have you had any financial interest in any corporation conducting boxing or wrestling in this state or any other state? .....  YES  NO

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you presently hold, or did you ever hold, a license issued by NYSAC or any other athletic commission? .....  YES  NO

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever had a license revoked or suspended by any athletic commission? .....  YES  NO

If yes, please set forth when and where along with full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any type of relationship with any other NYSAC licensees? .....  YES  NO

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In what geographic areas of New York State are you able to work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. The New York State Athletic Commission often serves customers who may speak languages other than English. Are you fluent or business proficient in any language other than English? .....  YES  NO

If yes, please indicate the language(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

