



EMPLOYMENT APPLICATION PART 1A – HIRING AGENCY ADDENDUM

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: NYS Department of State, Bureau of Human Resources Management, One Commerce Plaza, 99 Washington Avenue, Albany, NY, 12231-0001, (518) 474-2752.

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: _____ / / _____

9-Digit SSN

County of Residence: _____

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? Yes No
If "Yes," please provide Retirement System Number: _____
- 4. Are you presently receiving a monthly retirement benefit from the NYS or Local Retirement System? Yes No
If "Yes," please provide the name of the employer from which you retired: _____

FIREFIGHTER STATUS

- 5. Are you an exempt volunteer Firefighter? Yes No
Certificate filed with _____ County Clerk.
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 N/A

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

NEW YORK STATE ATHLETIC COMMISSION 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): _____

