



EMPLOYMENT APPLICATION PART 2 – POST-INTERVIEW FORM

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

Be sure to read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of the Employment Application that are required by the specific hiring agency's applicable laws, rules, and regulations. Part 1 of the New York State Standard Employment Application must also be completed by Applicants.

Name: Last First MI 9-Digit SSN

List any other names by which you have been known (including nicknames):

SECTION 1

NEW YORK STATE CIVIL SERVICE STATUS

1. Have you previously applied to this hiring agency? Yes No

RETIREMENT SYSTEM MEMBERSHIP

2. Are you presently receiving a retirement benefit from a public retirement system in New York State? Yes No

If "Yes," please provide the name of the employer from which you retired:

FIREFIGHTER STATUS

3. 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

4. Are you a: Non-Veteran Veteran Disabled Veteran Spouse of Disabled Veteran

5. Dates of active service: From: To:

6. 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

**7. 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.

**8. Did you receive an honorable discharge?** Yes No

## FOR PUBLIC OFFICER POSITIONS ONLY

**DO NOT COMPLETE THIS SECTION UNLESS YOU ARE DIRECTED TO DO SO BY THE HIRING AGENCY**

**9. Are you a U.S. Citizen?** Yes No

**10. Are you a current resident of New York State, or would you be willing to relocate to New York State if you are selected for this position? Please note that you would be required to maintain New York State residency.** Yes No

## SECTION 2

### APPLICANT BACKGROUND INFORMATION

All Applicants under consideration for a position with the hiring agency to whom they have applied are required to complete Part 2 of the NYS Employment Application and to sign the Applicant Affirmation/Reference release statement. Please read the Instructions carefully.

**Instructions:** In the event that you have a criminal history, it is important to note that answering "Yes" to a question below is not an automatic bar to employment. Answering "Yes" may or may not preclude employment depending upon the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may lawfully be denied based upon prior convictions.

If you are unsure of the information contained in your New York State criminal history, you may contact the NYS Division of Criminal Justice Services (DCJS) to obtain a copy of your criminal history prior to completing this form. DCJS may be reached by telephone at (518) 457-9847, and additional information can be found by visiting: <http://www.criminaljustice.ny.gov/ojis/recordreview.htm>. Fee waivers are available from DCJS if you cannot afford the fee. This report will provide you with your personal criminal history record covering convictions in New York State, including sealed or suppressed information. Sealed and suppressed information does not have to be disclosed on your employment application. As an alternative to this, you may also be able to obtain a Certificate of Disposition from the court where you were convicted.

If your response to any of the questions below is “Yes,” please provide an additional explanation and information in the **ADDITIONAL REMARKS** section. Each response will be reviewed on an individual basis in relation to the specific job for which you are applying. Failure to disclose a prior conviction that does not meet the criteria below may result in denial of employment based upon falsification of the employment application.

**Applicants should answer “No” to question #8 and #9 if:**

- a. Your conviction (Felony or Misdemeanor) was sealed by a court, **or**
- b. The criminal action or proceeding was terminated in your favor, (e.g. was dismissed, you received an Adjournment in Contemplation of Dismissal and the adjournment period has elapsed, you were acquitted), **or**
- c. The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding, **or**
- d. After completing a treatment program, your plea to a Felony or Misdemeanor was withdrawn and you were resentenced to a violation or a felony or misdemeanor which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

## APPLICANT BACKGROUND QUESTIONS (FOR ALL APPLICANTS)

You must provide an explanation in the **Additional Remarks** section below for each “Yes” response you select.

- |           |  |     |   |    |
|-----------|--|-----|---|----|
| <b>1.</b> | Has any licensing or certification organization, including any government agency, ever determined that you committed misconduct, unprofessional conduct, or negligence?        | Yes | (Explain in Additional Remarks section) | No |
| <b>2.</b> | Are charges now pending against you before any licensing or certification organization, including any government agency, for misconduct, unprofessional conduct or negligence? | Yes | (Explain in Additional Remarks section) | No |
| <b>3.</b> | Have you ever surrendered any professional license or certification in lieu of disciplinary procedures?  | Yes | (Explain in Additional Remarks section) | No |
| <b>4.</b> | Have you ever had your driver license revoked or suspended?  | Yes | (Explain in Additional Remarks section) | No |
| <b>5.</b> | Have you ever been terminated from a position (including probationary termination) except for lack of work, funds, disability, or medical condition?                           | Yes | (Explain in Additional Remarks section) | No |
| <b>6.</b> | Have you ever resigned from any employment in lieu of disciplinary action or termination?  | Yes | (Explain in Additional Remarks section) | No |
| <b>7.</b> | Have you ever been dismissed from private employment because of habitually poor performance?   | Yes | (Explain in Additional Remarks section) | No |

Name: \_\_\_\_\_

8. Do you have an arrest or criminal accusation currently pending against you?  
 Yes (Explain in Additional Remarks section) No
9. Have you ever been convicted of a criminal offense (Felony or Misdemeanor)?  
 Yes (Explain in Additional Remarks section) No
10. Have you ever received a discharge from the Armed Forces of the United States which was not an "Honorable Discharge" or a "General Discharge under Honorable Conditions"?  
 Yes (Explain in Additional Remarks section) No

**ADDITIONAL REMARKS**

*If your response to any of the questions in Section 2 is "Yes," please provide an additional explanation. If your response to question 8 or 9 in Section 2 is "Yes", please provide an additional explanation and information for each criminal conviction. Each response will be reviewed on an individual basis in relation to the specific job for which you are applying. Failure to disclose a prior conviction that does not meet the criteria above may result in denial of employment based upon falsification of the employment application.*

**APPLICANT AFFIRMATION & REFERENCE RELEASE AUTHORIZATION**

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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):

# NEW YORK STATE ATHLETIC COMMISSION INSPECTOR APPLICATION - ADDENDUM

## Background in Boxing, Experience and Qualifications

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I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

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Applicant's Signature

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Date:

NYSAC Inspector Application- Addendum