

****Employment Application Form****

****Personal Information****

Full Name: _____

Date of Birth: _____

Phone Number: _____

Cell Phone: _____

Email Address: _____

Social Security Number: _____

Current Address: _____

****U.S. Citizenship****

Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you authorized to work in the U.S.? ☐ Yes ☐ No

****Position Applied For****

Job Title: _____

Available Start Date: _____

Desired Salary: _____

Employment Type: ☐ Full-time ☐ Part-time ☐ Temporary

****Work Eligibility****

Are you under 18? ☐ Yes ☐ No

If yes, do you have a work permit? ☐ Yes ☐ No

Are you legally eligible to work in this country? ☐ Yes ☐ No

Do you require a work permit or visa sponsorship (e.g., for an H-1B Visa)? ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No (If yes, please explain: _____)

****Positions May Require Travel and/or Operation of a Motor Vehicle or Heavy Equipment****

Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview.

If you are required to possess a driver license for the position you are applying for, please complete the following questions:

a. Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? ☐ Yes ☐ No

b. If yes, please select your license class: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other (specify):

Licensing State: _____ License Number: _____ Expiration Date: _____

c. For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:

****Professional Certifications & Licenses****

Do you hold any professional certifications or licenses? ☐ Yes ☐ No

If yes, please list below:

Certification/License: _____

Issuing Organization: _____

Expiration Date (if applicable): _____

Certification/License: _____

Issuing Organization: _____

Expiration Date (if applicable): _____

****Employment History**** (Start with most recent)

Company Name: _____

Job Title: _____

Employment Dates: From _____ To _____

Supervisor/Manager's Name: _____

Supervisor/Manager's Phone Number: _____

Responsibilities: _____

Reason for Leaving: _____



Company Name: _____

Job Title: _____

Employment Dates: From _____ To _____

Supervisor/Manager's Name: _____

Supervisor/Manager's Phone Number: _____

Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Job Title: _____

Employment Dates: From _____ To _____

Supervisor/Manager's Name: _____

Supervisor/Manager's Phone Number: _____

Responsibilities: _____

Reason for Leaving: _____

****Education****

Highest Level of Education: ☐ High School ☐ Associate Degree ☐ Bachelor's Degree ☐
Master's Degree ☐ Other: _____

Name of Institution: _____

Field of Study: _____

Graduation Year: _____

****References**** (At least two professional references)

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

****Background Check Consent****

Do you agree to a background check as part of the employment process? ☐ Yes ☐ No

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

****Acknowledgment & Signature****

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may result in disqualification or termination of employment.

Signature: _____ Date: _____