NEW YORK STATE OF OPPORTUNITY. Hudson River - Black River Regulating District

EMPLOYMENT APPLICATION

Form #001

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: Human Resources at 518-661-5535.

IDENTIFYING INFORMATION

Please 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 as directed by the hiring agency. After the interview process, Applicants must complete either Part 2 or Part 2A of the New York State Employment Application, as directed by the appointing agency.

Name: _____ XXX/XX/ _____
Last **First** **MI** **SSN** (last 4 digits only)

Current Mailing/Street Address: _____ _____
NYS EMPLID (if assigned)

_____
City: **State:** **Zip Code:**

County of Residence: _____ _____
Area Code/Home Phone

Email Address: _____

Permanent Street Address (if different from above): _____
Area Code/Business Phone

_____

List any other names by which you have been known (including nicknames): _____
Area Code/Cell Phone

_____

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

a. Are you legally authorized to work in the United States? Yes ☐ No ☐

b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes ☐ No ☐

c. If under age 18, can you provide a work permit? Yes ☐ No ☐ N/A ☐

POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

2. Certain positions may require 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:

_____

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process**. If you are required to possess such credentials for the position you are applying for, please complete the following questions:**

a. Name of Trade or Professional License/Certificate: _____

Type/Specialty: _____ **Issued By:** _____

License No.: _____ **Issue Date:** _____ **Expiration Date:** _____

Registration Date: _____ **Registration Expiration Date:** _____

b. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes ☐ No ☐ N/A ☐

c. Has your license/certification/registration ever been suspended or revoked? If yes to 3b or 3c, please specify in detail: Yes ☐ No ☐ N/A ☐

_____

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: _____ **Relationship to you:** _____

☐ Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes ☐ No ☐

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: _____

7. Geographic work location(s) desired: _____

8. Some positions require different work schedules. **Please indicate which schedules you would be able to perform.**

Hours	Ability to Work	Schedule	Ability to Work	Duration	Ability to Work
Shift Work	Yes ☐ No ☐	Saturday hours	Yes ☐ No ☐	Permanent	Yes ☐ No ☐
Overtime	Yes ☐ No ☐	Sunday hours	Yes ☐ No ☐	Temporary	Yes ☐ No ☐
		Full-time	Yes ☐ No ☐	Seasonal	Yes ☐ No ☐
		Part-time	Yes ☐ No ☐	Summer Only	Yes ☐ No ☐
		Per diem	Yes ☐ No ☐	Winter Only	Yes ☐ No ☐

9. If offered a position with the hiring agency, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by:		Number:	
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

EMPLOYMENT & EXPERIENCE

Please list all periods of employment*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer:

Address: **Date Employed:** / /

Supervisor's Name **To:** / /

Supervisor's Title: **Area Code/Telephone:**

Your Title and Duties:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

****

Name of Present or Last Employer:

Address: **Date Employed:** / /

Supervisor's Name **To:** / /

Supervisor's Title: **Area Code/Telephone:**

Your Title and Duties:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

****

Name of Present or Last Employer:

Address: **Date Employed:** / /

Supervisor's Name **To:** / /

Supervisor's Title: **Area Code/Telephone:**

Your Title and Duties:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

****

*Additional Sheets Attached? Yes ☐ No ☐

PROFESSIONAL REFERENCES

Name: _____ **Relationship:** _____

Address: _____ **Telephone Number:** _____

_____ **Email Address:** _____

****

Name: _____ **Relationship:** _____

Address: _____ **Telephone Number:** _____

_____ **Email Address:** _____

****

Name: _____ **Relationship:** _____

Address: _____ **Telephone Number:** _____

_____ **Email Address:** _____

****

ADDITIONAL REMARKS

Additional Sheets Attached? Yes ☐ No ☐

APPLICANT AFFIRMATION & 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 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:**_____

Name: _____

SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two-year period immediately following separation from State service, former State Officers and Employees are prohibited from:

a. Appearing or practicing, regardless of compensation, before their former agency, **and**
b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a **"reverse two-year bar"** that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The **"lifetime bar"** prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

Personal Privacy Protection Law Notification: The information you are providing on this application is being requested for the principal purpose of determining eligibility for initial and continued employment. The information may also be used in administering employee benefit programs and will be used in accordance with section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and subsequent administration of your employee benefits.
Name: