The New York State Education Department
OFFICE OF HUMAN RESOURCES MANAGEMENT

Application for Employment

Position Applied For: _____ Box # _____

Name (Last, First, MI) _____ Provide Any Other Names Used _____

Street Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Social Security Number
(Last Four Digits Only) XXX - XX - _____

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

No sponsorship is available for positions at NYSED.
NYSED does not participate in post-completion Optional Practical Training.

Are you over 18 years old? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No State _____ License # _____

How did you hear about our vacancy?

☐ Facebook ☐ StateJobsNY ☐ SED Website ☐ Other _____

Have you ever worked for the State Education Department? ☐ Yes ☐ No
If so, Dates: From: _____ To: _____

Have you ever worked for another New York State agency? ☐ Yes ☐ No
If so, agency: _____ From: _____ To: _____

Answer the following questions by checking either "Yes" or "No." If you answer "Yes" to any of the following questions, provide details* in the space provided (attach additional sheets as necessary.) A "Yes" answer to any of these questions does not represent an automatic bar to employment. Each application for employment is evaluated on its individual merits and against the duties, responsibilities and qualifications of the position being filled. However, your failure to respond to these questions may result in your removal from further consideration for employment.

☐ Yes ☐ No 1. Have you ever been discharged or dismissed from any public or private employment for reasons other than lack of work or lack of funds?
☐ Yes ☐ No 2. Have you ever resigned from any position rather than face dismissal or disciplinary charges?
☐ Yes ☐ No 3. Have you ever failed probation at another state agency?
☐ Yes ☐ No 4. Have you ever been convicted of a crime (felony or misdemeanor)?**
☐ Yes ☐ No 5. Are any criminal charges currently pending against you?

DETAILS: PROVIDE DETAILS HERE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

**You should answer "No" if one of the following conditions apply:

- Your conviction was sealed by a court, or
- The criminal action or proceeding was terminated in your favor, e.g. you were acquitted or dismissed, you received an adjournment in contemplation of dismissal and the adjournment period has lapsed, or
- The procedure on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or
- After completing a treatment program, your plea to a felony or a misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

Failure to disclose a prior conviction that does not meet the above criteria may result in denial of employment or if chosen for the position, subsequent termination based on falsification of the application for employment.

For the purposes of reviewing your employment application, do you have any relatives by blood or marriage, or members of your household currently employed by the New York State Education Department? If yes, please identify employee(s) and relationship.

☐ **Yes** ☐ **No** PROVIDE NAME AND RELATIONSHIP

EDUCATION (*Must be filled out completely. Resumes will not be accepted in lieu of completing this section. Applicants may be required to provide proof of diploma and/or degrees claimed.*)

	Name of School and Location	Attended From (mm/yyyy)	Attended To (mm/yyyy)	Credit Hours Completed	Did You Graduate?	Major Subject	Degree Received
High School or Equivalency							
College, University, or Technical School							
Graduate or Professional School							
Other Schools or Special Courses							

PROFESSIONAL LICENSES/CERTIFICATIONS

Professional Licenses/Certifications	Permanent or Provisional	Certificate or License #	Name of Issuing Agency or State	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

(For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required.)

WORK EXPERIENCE (*Must be filled out completely. Resumes will not be accepted in lieu of completing this section. If extra space is needed, please attach additional sheets.*)

Name, Telephone Number of Employer | Address of Employer | From (mm/yyyy) | To (mm/yyyy)

Supervisor

Title & Duties

Name, Telephone Number of Employer | Address of Employer | From (mm/yyyy) | To (mm/yyyy)

Supervisor

Title & Duties

Name, Telephone Number of Employer | Address of Employer | From (mm/yyyy) | To (mm/yyyy)

Supervisor

Title & Duties

REFERENCES

It is the policy of the NYS Education Department to obtain at least one supervisory reference. A current or previous supervisor should be listed below. Please check the associated check box if you give permission for the NYS Education Department to contact your references if you are the selected candidate.

Required:

Current or previous supervisor	Telephone Number	OK to contact this reference?
		☐

Supervisor, professional or personal Name	Telephone Number	Type of Reference (i.e. Professional, Personal, Supervisor, etc.)	
			☐
			☐

Optional:

Additional Supervisor, professional or personal reference

Name	Telephone Number	Type of Reference	
			☐

DUAL EMPLOYMENT

If offered a position with the State Education Department, will you maintain employment elsewhere? If yes, please identify other position(s), including self-employment.

Name of Organization:

Address:

Title of Position:

Dates: From To

AFFIRMATION

I affirm that all statements made on this form, including any accompanying papers, are true, accurate and complete to the best of my knowledge under penalty of perjury. I further authorize investigation of said statements. Verification of information may be required prior to appointment. I understand that any false, incomplete or misleading statements made on this form or accompanying papers may nullify my appointment or lead to my termination.

If signing electronically, please read the following statement and check the box below:

☐ I agree, and it is my intent, to electronically sign this document by typing my name below. By submitting this e-document to the New York State Education Department in this way, I understand that my e-signing and submitting is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document.

Print Name

_____

Signature **Date**

_____ _____

AUTHORIZATION

I hereby authorize the New York State Education Department to investigate references from my previous or current employers. I further authorize any former employer, military records center, and any former school, college, university, or organization to provide the New York State Education Department any and all information including, but not limited to, information as to my character, work habits, work performance and education, qualifications, and fitness for the position, thereby releasing and discharging said institutions from any claims, liabilities or damages whatsoever incurred in furnishing such information.

If signing electronically, please read the following statement and check the box below:

☐ I agree, and it is my intent, to electronically sign this document by typing my name below. By submitting this e-document to the New York State Education Department in this way, I understand that my e-signing and submitting is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document.

Print Name

Signature **Date**

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information you are providing on this application is being requested pursuant to New York State Public Authorities Law and Civil Service Law for the purposes of determining eligibility for employment, administering employee benefit programs and administering other authorized employment programs pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of the New York State Education Department, prevent your initial hiring or result in the termination of your employment. If appointed, this employment application will be filed in your personal history folder maintained by the *Office of Human Resources Management, New York State Education Department, 89 Washington Avenue, Albany, New York 12234.*

New York State Education Department (NYSED) is an equal opportunity/affirmative action employer. NYS Human Rights 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, gender identity, prior conviction records, prior arrests, youthful offender adjudications, or sealed records. If you wish to request a reasonable accommodation during the application process or to participate in a job interview, please contact NYSED's Office of Diversity & Access at OHRMRA@nysed.gov or 518-474-5215.