



The New York State Education Department
OFFICE OF HUMAN RESOURCES MANAGEMENT

Application for Employment

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 are a person with a disability and wish to request that a reasonable accommodation be provided to you 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.

Position Applied For: Box #
Name (Last, First, MI) Provide Any Other Names Used
Street Address City State Zip Code
Home Phone Work Phone Cell Phone Email Address

Social Security Number (Last Four Digits Only) XXX - XX - Are you legally authorized to work in the United States? Yes No
No sponsorship is available for positions in NYSED.

Are you over 18 years old? Do you have a driver's license? State License #
Yes No Yes No

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:

**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

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		Credit Hours Completed	Did You Graduate?	Major Subject	Degree Received
	From (mm/yyyy)	To (mm/yyyy)				
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	Expiration
				Date (mm/dd/yyyy)	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?
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Supervisor, professional or personal Name	Telephone Number	Type of Reference (i.e. Professional, Personal, Supervisor, etc.)
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Optional:

Additional Supervisor, professional or personal reference Name	Telephone Number	Type of Reference
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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.*