NEW YORK STATE OF OPPORTUNITY. Department of State

# EMPLOYMENT APPLICATION
# PART 1 – PRE-INTERVIEW

**Form #S1000**

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.

## 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 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:**

_____

**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 ☐

_____

**d. For Teacher Certification:** Is your Certification Initial, Provisional, Permanent, or Professional? Please specify:

_____

## 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 ☐

If "Yes" please identify any other concurrent employment (including self-employment), internships, or volunteer information/position(s). (Add additional sheets as needed) Employment ☐ Volunteer ☐ Intern ☐

Name of Organization:_____ Position(s) Held:_____

Duties:

_____

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 | | | | |

Name: _____

## 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 ☐

Name: _____

## PROFESSIONAL REFERENCES

**Name:** _____ **Relationship:** _____

**Address:** _____ **Telephone Number:** _____

**Email Address:** _____

**********

**Name:** _____ **Relationship:** _____

**Address:** _____ **Telephone Number:** _____

**Email Address:** _____

**********

**Name:** _____ **Relationship:** _____

**Address:** _____ **Telephone Number:** _____

**Email Address:** _____

**********

- **Applicants that do not have work history may provide personal references; applicants that do have work history professional references should be provided.**

## 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 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:** _____

By typing your name above in the signature area, you are signing this application electronically and agree that your electronic signature is the legal equivalent of your physical signature.

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.

**PRIVACY NOTIFICATION:** Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- be used to determine your qualifications for the position for which you are applying
- be released to your potential supervisor and director
- be maintained in your personnel file (if you become a Department employee) or in our resume file for six months (if you are not a Department employee)

Failure to provide the information or authorization will result in your application not being considered.

The information will be maintained by the Director, Human Resources Management, NYS Department of State, One Commerce Plaza, 99 Washington Avenue, Albany, New York 12231, (518) 474-2752.

**Policy:** Employees of the Department of State should not have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of their duties in the public interest.

Department of State employees shall avoid conflicts of interest when engaged in outside activity with or without compensation. Conflicts of interest include situations where an employee's conduct violates the public trust. Because of the diversity of the agency, employees should be especially cautious about possible conflict of interest when outside activities relate to the programs of the Department of State.

In addition, employees must not engage in activities other than official Department of State business during their scheduled working hours.

**Special Restrictions Regarding the Holding of a Department of State Issued License or Registration:** Employees may not act under any license or registration issued by or engage in any business or occupation registered with or supervised by the Department of State or commission or division thereof, while employed by the Department, inasmuch as there is an inherent likelihood of a conflict of interest, use of influence or impairment of actions of other employees.

Notwithstanding the above prohibition, there are two limited circumstances where a Department employee may engage in such activities. First, all employees may hold a commission and act as a notary public while employed by the Department. Second, those individuals either seeking part-time employment with the Department or those already employed part-time by the Department, upon receiving prior written approval in accordance with the procedures set forth in this policy, may continue to act under a license or engage in a business or occupation overseen by the Department while employed by the Department. For purposes of this exemption, part-time employment is defined as either working: (1) less than 50 percent of a 37.5 hour workweek on a annual salary basis, or (2) less than 900 hours per calendar year on other than an annual salary basis. Approval may be granted where no actual conflict or appearance of a conflict of interest exists. Such approval may be conditioned as necessary to ensure avoidance of any potential conflicts.

Name:

## SUPPLEMENTAL INFORMATION FOR APPLICANTS

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Additionally, all employees holding a license or registration at the beginning of their employment with the Department may renew such licenses so that the license or registration status is maintained, but may not actually engage in the licensed occupation, except as specifically noted above.

Name: