



**WE ARE NEW YORK'S LAW SCHOOL**

Office of Human Resources

### Employment Application

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Position seeking \_\_\_\_\_ Salary expected \_\_\_\_\_ Date available \_\_\_\_\_

Permanent  Full Time  
 Temporary  Part Time      If part time, specify days and hours \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_  
\_\_\_\_\_

#### Personal

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Have you ever applied for employment with NYLS?  
 Yes  No      If yes: Month and Year \_\_\_\_\_ Department \_\_\_\_\_

Do you have any relatives working or studying at NYLS?     Yes     No

Are you legally eligible for employment in the United States?     Yes     No

Are you under 18?     Yes     No

#### Education

School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma
College				
Other				
High School				

## Employment Application (continued)

### Military

Have you served in the U.S. Military?  Yes  No

Dates of Active Duty \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Description of Duties \_\_\_\_\_

### Employment

Please give accurate and complete full-time and part-time employment record, starting with present or most recent employer.

#### 1.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed (State Month and Year) \_\_\_\_\_  
From To

Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
Start Last

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

#### 2.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed (State Month and Year) \_\_\_\_\_  
From To

Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
Start Last

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

#### 3.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed (State Month and Year) \_\_\_\_\_  
From To

Name of Supervisor \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
Start Last

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

## Employment Application (continued)

### Additional Information

Please indicate any other information you think may be helpful.

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### References

Please list three professional references and one personal reference.

#### 1. Professional

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

#### 2. Professional

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

#### 3. Professional

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

#### 4. Personal

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

### Remarks

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### Authorization

By typing my name below, I certify that the above statements are true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information. I understand that misrepresentation or omission of facts called for may result in my disqualification or dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**New York Law School Is an Equal Opportunity Employer**