

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

Have you ever been convicted of a crime?       Yes       No      If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**Education**

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

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**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 Time 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 Time 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 Time and Describe Your Work \_\_\_\_\_

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

May we contact this employer?     Yes     No

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**Additional Information**

Please indicate any other information you think may be helpful.

\_\_\_\_\_

**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**

\_\_\_\_\_

**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 \_\_\_\_\_