



**State of New York
Division of Military and Naval Affairs
Employment Application**

POSITION APPLIED FOR	
Title	_____
Date Available	_____

APPLICANT INFORMATION *(please complete all questions. Type or print in ink.)*

Last Name	_____	First Name	_____	Initial	_____
Address	_____				
City	_____	State	_____	Zip Code	_____
				Home Phone	_____
<i>List any other names used if different from above</i>					
				Business Phone	_____
				Cell Phone	_____

The New York State Division of Military and Naval Affairs (DMNA) provides equal opportunities in employment and prohibits discrimination on the basis of race, color, creed, religion, national origin, sex marital status, sexual orientation, or disability.

1. United States Military Status:

A. Veteran Status: Veteran Non-Veteran Disabled Veteran

Dates of Service: From _____ To _____

B. Reserve/Guard Status: Active Inactive None

Branch _____ Type of Discharge _____

- | | |
|---|--|
| 2. Do you participate in any Emergency Volunteer Organizations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have legal right to accept employment in the United States?
(Employment is contingent upon your providing proof of the right to accept employment in the United States.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you able to perform duties of the position for which you have applied without danger to yourself or others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you presently a member of the NYS Retirement System? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have a valid driver's license which allows you to drive in New York State? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had your driver's license revoked or suspended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you presently receiving a retirement allowance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever been dismissed from a job for any reason except lack of work funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you ever been convicted of a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you aware of any current criminal investigation into your conduct or criminal charges pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain any "Yes" answers to questions 7-11 in the REMARKS SECTION on the back page. Failure to disclose such information may reflect negatively on your selection for employment, and may be considered justification for dismissal if discovered at a later date. Give complete details including date, location and disposition of any criminal offenses. None of these circumstances represent an automatic bar to selection.

12. Please identify any individual you know that is currently employed by the DMNA or any of its force providers (New York Army or Air National Guard, New York Guard or New York Naval Militia.) Please use additional sheets if necessary.

Name _____ Location _____ Acquaintance Relative

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13. If offered a position with the DMNA, will you also intern, volunteer or maintain employment elsewhere?

Yes No *If "Yes," please identify other concurrent position, including self-employment*

Name of Organization _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Dates: From _____ To _____ Title or Position _____

EMPLOYMENT INFORMATION

(List all periods of employment, beginning with the most recent. Resumes will not be accepted in lieu of application.)

A. Name of present or last Employer _____

Address _____

Supervisor's Name and Title _____ Telephone Number _____

Dates: From _____ To _____ Annual Salary _____

May we contact? Yes No

Your Title and Duties

Reason for leaving _____

B. Name of present or last Employer _____

Address _____

Supervisor's Name and Title _____ Telephone Number _____

Dates: From _____ To _____ Annual Salary _____

May we contact? Yes No

Your Title and Duties

Reason for leaving _____

C. Name of present or last Employer _____

Address _____

Supervisor's Name and Title _____ Telephone Number _____

Dates: From _____ To _____ Annual Salary _____

Your Title and Duties

Reason for leaving _____

(Please attach additional sheets if necessary.)

14. If not stated above, have you previously been employed by New York State, Municipal, County or Local Government? Yes No

If "Yes," please complete the following information.)

Dates employed: From _____ To _____ Annual Salary _____

Agency/Department _____

Address _____

Bureau _____ Title _____

Supervisor _____ Reason for leaving: _____

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcript, licenses, certifications, and registrations.)

Type of School	Name and Location of School(s) Attended	Graduated	Type of Diploma or Degree	Certification Type (if applicable)	Certification Current
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate Colleges or University		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Law School		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical, Vocational or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCE RELEASE STATEMENT

I hereby give my consent to references (employment and personal) to release pertinent information about my qualifications and fitness for the position for which I have applied with the DMNA.

Signature of Applicant

Date

AFFIRMATION

I affirm that the answers given to the above questions and all statements made by me on this application (including any attachments) are true and correct to the best of my knowledge under penalty of making a false official statement. I understand that false statements may prevent my employment or, if hired, may cause dismissal. I understand the information provided is for consideration of employment at the DMNA and the record will be maintained on file in accordance with any applicable statutes by the State Human Resources Office. I am aware that all information contained herein is subject to verification by the DMNA and that upon my separation from the DMNA, all properties issued to me (i.e., photo ID, keys, credit cards, etc.) must be returned.

Signature of Applicant

Date

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you are providing on this application is being requested pursuant to Section 19 of the New York State Military Law for the principal purpose of determining eligibility of applicants to participate in an interview for a position in which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the State Human Resources Management Office, Latham, New York 12110. For further information relating only to the Personal Privacy Protection Law, call (518)457-9375.

REMARKS SECTION
