

# Applicant History

(to be prepared by candidate)

New York State Law prohibits discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, genetic predisposition, carrier status, or arrest 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 call the department's Office of Diversity and Affirmative Action at (518) 530-4650.

### Personal history (see Privacy notification below)

Last name	First name	Initial	Social security number
Street address			Telephone number(s)
			Work: (    )
City	State	ZIP code	E-mail
			Home: (    )

Please answer the following questions by placing a checkmark (✓) in the appropriate box. You are cautioned that knowingly providing a false answer or omitting information may prevent your appointment or cause its cancellation.

**1** (a) Are you a citizen of the United States?.....  Yes  No

(b) If not, do you have the legal right to accept employment in the United States?.....  Yes  No

(c) Will you now or in the future require sponsorship for an employment visa (e.g. H-1B visa status)?.....  Yes  No

**2** If under age 18, do you have working papers?.....  Yes  No

**3** (a) Did you serve in active duty with the armed forces of the United States, other than active duty for training purposes, during one or more of the following Time of War periods:.....  Yes  No

In the armed forces:

- Aug 2, 1990, to the date when the Persian Gulf hostilities ends;
- Dec 22, 1961, to May 7, 1975;
- June 27, 1950, to Jan. 31, 1955;
- Dec. 7, 1941, to Dec. 31, 1946; **or**

earned the armed forces, navy, or marine corps expeditionary medal for service in:

- Panama (Dec. 20, 1989, to Jan. 31, 1990);
- Lebanon (June 1, 1983, to Dec. 1, 1987);
- Grenada (Oct. 23, 1983, to Nov. 21, 1983); **or**

in the U.S. Public Health Service:

- June 26, 1950, to July 3, 1952;
- July 29, 1945, to Sept. 2, 1945.

**3** (b) Are you certified by the Veterans' Administration as a disabled veteran?.....  Yes  No

**4** Do you have a valid motor vehicle operator's license?.....  Yes  No  
If Yes: enter issuing State:\_\_\_\_ and License #: \_\_\_\_\_

**5** Are you an exempt volunteer firefighter?.....  Yes  No

**6** (a) Have you ever worked for New York State? .....  Yes  No  
If Yes, complete below and see *Interviewer/candidate, please note* below.

Department	Dates (from - to)	Titles	Status*

\* (P) Permanent (CP) Contingent permanent (T) Temporary (PR) Provisional

(b) Is information about a name change, use of an assumed name or nickname necessary to conduct a check on your work record?.....  Yes  No

If Yes, explain \_\_\_\_\_

(c) Were you a member of the NYS Retirement System?.....  Yes  No  
If Yes, give Retirement System Number: \_\_\_\_\_

**Interviewer/candidate, please note:** Candidates with prior permanent or contingent permanent state service may be eligible for reinstatement depending on title. This should be discussed at the time of interview because a candidate who accepts a list appointment cannot be reinstated to his or her previous title.

**Privacy notification** — The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Article 3 of the New York State Retirement and Social Security Law; Articles 8 and 22 of the New York State Tax Law; 26 USC 6109(d) and 26 CFR 301.6109-1(b); and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information to help determine eligibility for initial and continued employment, for administrative record keeping and identification, to administer employee benefit programs, to properly account for applicable federal and state taxes, and for any other purpose authorized by law.

Failure to provide the required information may hinder or prevent your employment or retention as an employee and may, as far as withholding of federal and state taxes is concerned, subject you to civil or criminal penalties, or both.

This information is maintained by the Director of the Office of Human Resource Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227-0921; telephone (518) 457-2900.

### Education and training history

(Attach additional sheets if necessary to give your complete background.)

Yes  No

Circle the highest grade completed:    1    2    3    4    5    6    7    8    9    10    11    12    Did you graduate?

If you have a New York State High School Equivalency Diploma (GED), please provide: Number \_\_\_\_\_

Additional education	Name of school and location	Attended (month/year)		Number of years credited	Did you graduate?	Major subject	College credits	Degree received
		From	To					
College, university, or technical school								
Other schools or special courses								

### Employment history

**Note:** Begin with your most recent employment and be sure to include any employment with New York State. List all previous employment. Attach additional sheets if necessary. A resume is not a substitute for completing this section.

Dates (month/year)	Employer's name	Job title and duties	
From:	Street address		
To:	City                                  State                  ZIP code		
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number	
Dates (month/year)	Employer's name	Job title and duties	
From:	Street address		
To:	City                                  State                  ZIP code		
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number	
Dates (month/year)	Employer's name	Job title and duties	
From:	Street address		
To:	City                                  State                  ZIP code		
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number	

I understand that knowingly making a false written statement on this application or any attachment is punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law. If appointed, the penalty may be dismissal from the New York State Department of Taxation and Finance. I agree to and accept this condition of employment, and I hereby certify that all statements made by me on this application or any attachments are, to the best of my knowledge, true and complete. Appointment to many positions in State government require candidates to undergo an investigative screening. This may include a thorough character investigation, a Federal Bureau of Investigation Criminal Record History Check, or other similar procedures. Candidates entering state government may be fingerprinted and may be required to pay any necessary fees for that procedure. The investigative findings may bar appointment or result in removal after appointment depending on the criminal convictions discovered, the falsified or omitted information revealed, and the nature of the job.

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