

Facility Stamp

APPLICATION FOR EMPLOYMENT

It is the policy of the New York State Office of Mental Health to provide an equal employment opportunity to all people without regard to race, color, gender, religion, age, national origin, disability, marital status, sexual orientation or Vietnam Era Veteran Status.

INSTRUCTIONS: All questions are to be answered by the applicant. False statements may be grounds for dismissal.

A. PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Social Security Number			
Residence — Street Address					Home Telephone Number ()			
City/Town/Village	State	Zip Code		Business Telephone Number ()				

B. POSITION(S) DESIRED (If Known)

Date Available	Are you available for full time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on a state civil service list for the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO
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C. EMPLOYMENT HISTORY (Start with Most Recent/Current Employment)

Is additional information concerning change of name or use of assumed name/nickname necessary to check on your employment history?
 NO YES If YES, Explain _____

May we contact your current employer for a reference? NO YES NOT APPLICABLE

From (Mo/Yr)	Name of Employer	Reason for Leaving		Title
To (Mo/Yr)	Employer's Address	Reason for Leaving		Duties
Salary	Name of Supervisor	Reason for Leaving		
From (Mo/Yr)	Name of Employer	Reason for Leaving		Title
To (Mo/Yr)	Employer's Address	Reason for Leaving		Duties
Salary	Name of Supervisor	Reason for Leaving		
From (Mo/Yr)	Name of Employer	Reason for Leaving		Title
To (Mo/Yr)	Employer's Address	Reason for Leaving		Duties
Salary	Name of Supervisor	Reason for Leaving		

If appropriate, attach a resume or separate sheet to describe all other employment, volunteer work, or experience relevant to the position you are seeking.

D. MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? Yes No Branch _____

Are you claiming Veteran's Credits? Yes No If YES, and you are hired, you will be required to furnish a copy of your DD-214.

Did you receive an honorable discharge? Yes No (A NO answer is not an automatic bar to employment. Each response will be reviewed on an individual basis in relation to ability to perform job duties. Explain in "Remarks" on page 2.)

E. EDUCATION

Circle highest grade completed												1	2	3	4	5	6	7	8	9	10	11	12	College: 1 2 3 4 4+				
Do you have a High School Equivalency Diploma? <input type="checkbox"/> YES (If YES, specify issuing body and number _____) <input type="checkbox"/> NO																												
SCHOOL	NAME	CITY AND STATE	DIPLOMA OR DEGREE RECEIVED	MAJOR																								
High School																												
College, Technical or Business School																												
Graduate School or Additional Training																												

F. ADDITIONAL INFORMATION (Answer all questions)

1. Are you 18 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you possess a current Drivers License?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Except for minor traffic violations, have you ever been convicted of a crime (Felony or Misdemeanor)?*	<input type="checkbox"/> YES <small>(Specify Under "Remarks" below)</small>	<input type="checkbox"/> NO
4. Are you now under charges for any crime?*	<input type="checkbox"/> YES <small>(Specify Under "Remarks" below)</small>	<input type="checkbox"/> NO
5. Are you a citizen of the United States or do you have the legal right to accept employment in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been employed by New York State?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If YES, from _____ to _____
7. Have you ever been employed by this facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If YES, from _____ to _____
8. Have you previously applied to this Facility/Agency for employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Were you ever discharged from employment except for lack of work or funds, disability or medical condition?*	<input type="checkbox"/> YES <small>(Specify Under "Remarks" below)</small>	<input type="checkbox"/> NO
10. Have you ever resigned from any employment in lieu of disciplinary action or termination?*	<input type="checkbox"/> YES <small>(Specify Under "Remarks" below)</small>	<input type="checkbox"/> NO
11. Are you an exempt volunteer fire fighter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* A YES answer is NOT an automatic bar to employment. Each response will be reviewed on an individual basis in relation to the specific job for which you are applying.

G. REMARKS (Attach additional sheets if necessary)

H. PERSONAL REFERENCES (Not relatives)

Name	Address
Name	Address

BY MY SIGNATURE I AGREE TO TAKE A PRE-EMPLOYMENT PHYSICAL EXAMINATION, AND IF EMPLOYED, I AGREE:

1. To treat patients with kindness and consideration;
2. To report improper treatment of patients;
3. To follow established rules and regulations;
4. To work any assigned shift on any day, including overtime as necessary;
5. To take necessary immunization against contagious diseases and,
6. To permit inspection of my belongings and containers by proper facility authorities, when deemed appropriate.

I certify that all questions answered and all information provided by me on the employment application are true and correct to the best of my knowledge and belief. I also authorize investigation of all information provided

SIGNATURE _____

DATE _____

SUPPLEMENT: PERSONAL HISTORY AND APPLICATION FOR EMPLOYMENT

LICENSES

DATE: _____

If a license, certificate, registration or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.

Do you have professional license(s), certificate(s), or registration(s)?					
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please list below:	
PROFESSION OR TRADE	GRANTING AGENCY	DOCUMENT NUMBER	DATE ISSUED	DATE EXPIRES	
PROVISIONAL OR TEMPORARY LICENSE(S)			DATE ISSUED	DATE EXPIRES	
LICENSE(S) FOR WHICH YOU ARE ELIGIBLE:					

Have you ever been found guilty of unprofessional conduct, professional misconduct, or negligence in any profession?	<input type="checkbox"/> YES	(Explain under "MISCELLANEOUS" BELOW)	<input type="checkbox"/> NO
Are charges now pending against you for unprofessional conduct, or negligence in any profession?	<input type="checkbox"/> YES	(Explain under "MISCELLANEOUS" BELOW)	<input type="checkbox"/> NO
Have you ever surrendered any license in lieu of disciplinary procedures?	<input type="checkbox"/> YES	(Explain under "MISCELLANEOUS" BELOW)	<input type="checkbox"/> NO

MISCELLANEOUS

List any professional honors received, works published, or other professional accomplishments.

I certify that the statements made in this application supplement are true and correct to the best of my knowledge and belief, and authorize investigation of all information given.

SIGNATURE

FOR OFFICE USE ONLY

Processing	Reference	
Interview Date	Interviewed by	
Test	Score	
Physical Data	Starting Date	
Assignment	Item Number	
Title		