



**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?  Yes  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.)  Yes  No
- 4. Are you able to perform duties of the position for which you have applied without danger to yourself or others?  Yes  No
- 5. Are you presently a member of the NYS Retirement System?  Yes  No
- 6. Do you have a valid driver's license which allows you to drive in New York State?  Yes  No
- 7. Have you ever had your driver's license revoked or suspended?  Yes  No
- 8. Are you presently receiving a retirement allowance?  Yes  No
- 9. Have you ever been dismissed from a job for any reason except lack of work funds?  Yes  No
- 10. Have you ever been convicted of a crime?  Yes  No
- 11. Are you aware of any current criminal investigation into your conduct or criminal charges pending against you?  Yes  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

Name \_\_\_\_\_ Location \_\_\_\_\_  Acquaintance  Relative

Name \_\_\_\_\_ Location \_\_\_\_\_  Acquaintance  Relative

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 \_\_\_\_\_

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## EMPLOYMENT INFORMATION

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

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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

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## REFERENCE RELEASE STATEMENT

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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.

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Signature of Applicant

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Date

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## AFFIRMATION

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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.

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Signature of Applicant

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Date

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## 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.

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## REMARKS SECTION

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