

**STATE OF NEW YORK  
UNIFIED COURT SYSTEM**

UCS-5 (Revised 10/98)

**APPLICATION FOR EMPLOYMENT**

Title of Position:		Announcement #:		Geographic Location of Position:	
1. Last Name		First Name		Initial	
Mailing Address		2. AGE: Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, indicate your date of birth <input style="width: 100px;" type="text"/>			
City or Post Office		State		Zip Code	
Telephone Number		Social Security Number			
Home: _____		<input style="width: 150px;" type="text"/>			
Business: _____		3. CITIZENSHIP: Form 1-9 attached <input type="checkbox"/> Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have a legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN</b>							<u>YES</u>	<u>NO</u>
If your answer is "YES" to any of these questions, give details on an attached sheet.								
a) Except for minor traffic offenses and adjudications as youthful offender, wayward minor or juvenile delinquent:								
i. Have you ever been convicted of an offense against the law?							<input type="checkbox"/>	<input type="checkbox"/>
ii. Have you ever forfeited bail or other collateral?							<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you now have any criminal charges pending against you?							<input type="checkbox"/>	<input type="checkbox"/>
b) Have you ever been dismissed from any employment for reasons other than lack of work or funds?							<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever received a discharge from the Armed Forces which was other than honorable							<input type="checkbox"/>	<input type="checkbox"/>
d) Are you currently in violation of a court order in any state for child or spousal support?							<input type="checkbox"/>	<input type="checkbox"/>
5. EDUCATION	NAME OF SCHOOL AND CITY IN WHICH LOCATED	Full or Part-Time	No. of years Credited	Were You Graduated	Type of Course or Major Subject	No. of Credits Received	Degree Received Or Expected	
High School*								
College, Univ. Professional or Technical School								
Other Schools or Special Courses								

\*If you have a high school equivalency diploma, give number and year of issue:

6. EXPERIENCE (List your most recent employment first, including volunteer work, military service, internship, work-study, etc. Attach a resume if available.)	WEEKLY EARNINGS	EMPLOYED		REASON FOR LEAVING	TITLE AND DUTIES OF YOUR POSITION Describe the kind of Work performed and supervisory experience if any
NAME, ADDRESS AND BUSINESS OF EMPLOYER		FROM Mo./Yr	TO Mo./Yr		

**7. REMARKS: ATTACH A RESUME OR ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED. PLEASE COMPLETE THIS AFFIRMATION**

I affirm that the statements on this application (including any attached papers) are true. False statements made in this application are punishable under Penal Law ( "§210.45)

X \_\_\_\_\_  
Signature of Applicant

Date

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*(Use of this second  
page is optional.)*

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ADDITIONAL INFORMATION

(This page may be used to add any additional information which would not fit on the first page such as explanations to "YES" answers for questions a-d or information regarding experience.)

I affirm that the statements on this application (including any attached papers) are true. False statements made in this application are punishable under Penal Law ("§210.45)

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date