

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) 457-1907.

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. If you answer Yes to question 3, 4, 5(a), or 5(b) you must give details in the space provided on the back page. 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 <input type="checkbox"/>	No <input type="checkbox"/>	6 (b) Are you certified by the Veterans' Administration as a disabled veteran? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) If not, do you have the legal right to accept employment in the United States? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>	7 Do you have a valid motor vehicle operator's license? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Will you now or in the future require sponsorship for an employment visa (e.g. H-1B visa status)? ---	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes: enter issuing State: _____ and License #: _____		

2 If under age 18, do you have working papers? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>	8 Are you an exempt volunteer firefighter? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3 Were you ever dismissed, except for lack of work, or have you ever resigned from any position in lieu of dismissal? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>	9 (a) Have you ever worked for New York State? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give details in the space provided on the back page.			If Yes, complete below and see <i>Interviewer/candidate</i> , please note below.		

4 Are there any criminal charges pending against you? --	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give details in the space provided on the back page.		

5 (a) Except for adjudications as a youthful offender, wayward minor, juvenile delinquent or sealed convictions under Criminal Procedure Law sections 160.55 and 160.58, have you ever been found guilty of any misdemeanor, felony, offense, or traffic infraction (except parking violations) or forfeited bail in any court either in this state or elsewhere? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) For Peace Officer candidates only - Have you ever been found guilty of any misdemeanor, felony, offense, or traffic infraction (except parking violations), or forfeited bail in any court whether in this state or elsewhere? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to 5(a) or (b), give details in the space provided on the back page. Include date, nature of misdemeanor, felony, offense, or traffic infraction, and court location. A conviction is not an automatic bar to employment. Each case is considered on individual merits.		

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 <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, explain _____		
(c) Were you a member of the NYS Retirement System? -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give Retirement System Number: _____		

6 (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 <input type="checkbox"/>	No <input type="checkbox"/>
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.

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; telephone (518) 457-2786.

Education and training history

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

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No

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. To report additional employment records, complete and attach Form HRM-300-ATT. A resume is not a substitute for completing this section.

Dates (month/year)	Employer's name	Job title and duties			Last salary
From:	Street address				\$
To:	City State ZIP code				<input type="checkbox"/> Weekly
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number			<input type="checkbox"/> Every 2 weeks
					<input type="checkbox"/> Twice a month
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Annually
					<input type="checkbox"/> Hourly
Dates (month/year)	Employer's name	Job title and duties			Last salary
From:	Street address				\$
To:	City State ZIP code				<input type="checkbox"/> Weekly
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number			<input type="checkbox"/> Every 2 weeks
					<input type="checkbox"/> Twice a month
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Annually
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Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number			<input type="checkbox"/> Every 2 weeks
					<input type="checkbox"/> Twice a month
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Annually
					<input type="checkbox"/> Hourly

If you answered Yes to questions 3, 4, 5(a) or 5(b), provide additional information in this space. Attach additional sheets if necessary.

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 _____