

BROOME COUNTY GOVERNMENT EMPLOYEES

Application *for employment*

Broome County Department of Personnel
P.O. Box 1766
Binghamton, NY 13902
www.gobroomecounty.com

Action Taken _____
Referred to _____
Date _____

Title of Position Applying For

Full - Time Part - Time Temporary Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions, write "No" or "None" where applicable.

Last Name _____ First Name _____ M.I. _____ Social Security No. _____

Street _____ City _____ State _____ Zip Code _____ Town _____

COUNTY _____ SCHOOL DISTRICT _____

2. MAILING ADDRESS: _____
(if different from above) Street _____ City _____ State _____ Zip Code _____

3. EMAIL ADDRESS: _____

4. PHONE NUMBER: _____
Home _____ Business _____ Cell/Pager _____

(Please notify immediately of any changes.)

EDUCATION: Select last grade completed 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17 ○ 18 ○

	Name and School Location	Graduated?	Type of Degrees	No. of credits completed
High School last attended	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Colleges or Universities	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

EMPLOYMENT EXPERIENCE

List all permanent employment since High School. List any summer, part-time, temporary employment which includes experience that tends to qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

1. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr. Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

2. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr. Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

3. COMPANY NAME

TYPE OF BUSINESS

ADDRESS

CITY AND STATE

YOUR POSITION TITLE

SUPERVISOR'S NAME

SUPERVISOR'S TITLE

LENGTH OF EMPLOYMENT

Mo. / Yr. Mo. / Yr.

From _____ To _____

EARNINGS (Choose One)

WK MO YR

Hours worked per week (exclusive of overtime)

DUTIES

REASON FOR LEAVING (EXPLAIN FULLY)

4. COMPANY NAME

TYPE OF BUSINESS

ADDRESS

CITY AND STATE

YOUR POSITION TITLE

SUPERVISOR'S NAME

SUPERVISOR'S TITLE

LENGTH OF EMPLOYMENT

Mo. / Yr. Mo. / Yr.

From _____ To _____

EARNINGS (Choose One)

WK MO YR

Hours worked per week (exclusive of overtime)

DUTIES

REASON FOR LEAVING (EXPLAIN FULLY)

PERSONAL DATA

Do you have the legal right to accept employment in the United States? Yes No

(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment)

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes please give particulars and disposition of each charge on a separate sheet and attach same.

If a motor vehicle license is required for the position for which you are applying, please indicate the license you presently possess:

Class **A** **B** **C** **D** **E** (select one) **Designate type of commercial license**

Date of Expiration

If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:

Trade or Profession <input type="text"/>	License Number <input type="text"/>	Date License First Issued <input type="text"/>	Registration Mo. / Yr. From <input type="text"/> To <input type="text"/> Mo. / Yr.	If you are not currently licensed check this box: <input type="checkbox"/>
Specialty <input type="text"/>	Granted by (licensing agency) <input type="text"/>	City/State <input type="text"/>		

For reference purposes do you have any objections to our contacting present or past employers? Yes No

If yes, Comment

Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law? Yes No

Did you serve in the armed forces of the United States? Yes No
Branch Dates

Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes No

What made you aware of this vacancy or Broome County employment opportunities?

- Personal Reference
- TV
- Radio
- Newspaper
- Bulletin Board
- In Personnel Office
- Other

DECLARATION I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature _____ Date _____

Please print any other surnames (last names) by which you are or have been known. _____

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.