

STATE OF NEW YORK UNIFIED COURT SYSTEM



APPLICATION FOR EMPLOYMENT

Title of Position:	Announcement #	Geographic Location of Position:
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1. Last Name	First Name	Initial	2. AGE: Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address			If no, indicate your date of birth
City or Post Office			Month Day Year
Telephone Number		Social Security Number:	3. CITIZENSHIP:
Home:	Business:		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"/>

4. ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN If your answer is "YES" to any of these questions, give particulars on a separate sheet of paper.	YES	NO
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? (A conviction is not an automatic bar to employment, but will be considered in the context of the position sought).		
ii. Have you ever forfeited bail or other collateral?		
iii. Do you now have any criminal charges pending against you?		
b) Have you ever been dismissed from any employment for reasons other than lack of work or funds?		
c) Have you ever received a discharge from the Armed Forces that was other than honorable?		

5. EDUCATION	NAME OF SCHOOL AND CITY IN WHICH LOCATED	Dates of Attendance (Mo. & Yr.) from to	Were You Graduated?	Type of Course or Major Subject	No. of Credits Received	Degree Received or Expected	Date Degree Received or Expected
High School*							
College, University, 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.) NAME, ADDRESS AND BUSINESS OF EMPLOYER	WEEKLY EARNINGS	EMPLOYED		REASON FOR LEAVING	TITLE AND DUTIES OF YOUR POSITION Describe the kind of work performed and supervisory experience, if any.
		FROM Mo. Year	TO Mo. Year		

7. REMARKS: ATTACH ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED.

PLEASE COMPLETE THIS AFFIRMATION

I affirm that the statements made on this application (including any attached papers) are true. [False statements made in this application are punishable under Penal Law (§210.45) and may result in your disqualification.]

X _____ Signature of Applicant _____ Date