## **BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION**



## **Department of Personnel**

1 Title of	Position Applying For	□ Fι	ull - Time □ emporary □		DO NOT WI	RITE IN	N THIS SE	PACE
No person shall, be in his cir Broome County accommod	s shall be denied equal protection ecause of race, color, creed, religivil rights by any person, department of the NYS Human Right Government does not discriminal lations for individuals with disabilibrations for sections and works of the sections of the section of the sections of the	ion, age, sex, na ent or any institu s Law prohibits o te on the basis o ities during appli	ational origin tional, agence discrimination of physical or cation, exam	or sponsor, by or subdivised because of mental disalination, interview EMPLOY	pe subjected to ion of Broome age. bility and will r viewing and e	any Cou nake mploy	discrim nty. reasona ment.	able
DIRECTION	ng of your background and work his: Please print using black ink o	r type. Answer a	Il questions.	Write "No" o	r "None" wher	e app	olicable	
2. NAME Last	First	Middle	3. <b>SOC</b> .	SEC. NUME	BER	<del></del>		
4. LEGAL ADDRES	Street				C	County		
City		Sta	te		Z	<u>Zip</u>		
<ol><li>MAILING ADDRI (If different from above</li></ol>	ve) Street			City			State /	Zip
6. EMAIL			7.	CELL (	_)			
8. HOME PHONE (	)	<del></del>	9. <b>WORK P</b>	HONE (	.)			
	(Please no	otify immediately	of any chan	ges.)				
10. EDUCATION: C	Circle last grade completed - 6	7 8 9	10 11	12 13	14 15	16	17	18
	Name and School L	ocation	Graduated Yes or No	? Type	e of Degrees			credits leted
High School last attended								
Colleges or								
Universities								
Other								
FOR DEPARTME	NT USE ONLY							
□ Approved □	l Disapproved Reviewer's Initi	ials						

FOR DEPARTI	MENT USE ONLY	
☐ Approved	☐ Disapproved	Reviewer's Initials
Comments:		

A.				
Company Name				
Type of Business				
Address				
Your Position Title				
Supervisor's Name				
andTitle				
Employed From (date)		To (date)		
Salary - Starting	Final		Hours/Week	
Describe your duties and responsibilities	es in detail			
Reason for leaving (Please explain fully	/.)			
	/.)			
В.				
B. Company Name				
B. Company Name Type of Business				
B. Company Name  Type of Business  Address				
B. Company Name  Type of Business  Address  Your Position Title				
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name				
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title				
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)		To (date)		
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)	Hours/Week	
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) Salary - Starting	Final	To (date)	Hours/Week	
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)	Hours/Week	
B. Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title	Final	To (date)	Hours/Week	

C. Company Name		
Type of Business		
Address		
Your Position Title		
Supervisor's Name		
and Title		
Employed From (date)		To (date)
Salary - Starting	Final	Hours/Week
Describe your duties and responsibilities in detail_		
-		
Reason for leaving (Please explain fully.)		
<b>D.</b> Company Name		
Company Name		
Company Name  Type of Business		
Company Name  Type of Business  Address		
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name		
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title		
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title		To (date)
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	To (date)Hours/Week

PE	RSUNAL	DAIA										
12.	•		_	_			ment in the Un 51 or 1-551 alie		cards at tin	ne of appointment).	☐ Yes	□No
13.	•						anor or felony? of each charg	? e on a separat	e sheet and	d attach same.	☐ Yes	□No
14.	If a motor	vehicl	e licens	e is req	uired fo	or the p	osition, please	indicate the lic	ense you p	presently possess:		
	Class	Α	В	С	D	Е	(circle one)	Designate ty	pe of comr	mercial license:		
								Date of Expi	ration:	month /	day y	year
15.	If a license are apply						practice a trade	or profession is	s a requiren	nent for the position t	for which you	I
										To _		
	Licensing	Agend	су						City/State _			
16.								contacting pres	·		☐ Yes	□ No
17.	Did you q	ualify a	as an Ex	kempt V	oluntee	er Firer	nan as set fort	h by the criteria	in section	200 of the Genera	I Municipal L □ Yes	_aw? □ No
18.	Did you s	erve in	the arn	ned forc	es of th	ne Unit	ed States?				☐ Yes	□No
	Bran	ch						Dates				
	What mad	de you	aware o	of this va	acancy [	or Bro	oome County e	mployment opp □ Radio	oortunities?	☐ Newspaper		□No
	□в	ulletin I	Board			☐ In th	e Personnel O	ffice	☐ Oth	er		
phy I de by I or f inve its r	vsical exant eclare that me and to falsification estigate al representa	nination the stand the bear of info I referent atives fo	n and au tements est of m ormation ences ar or seeki	uthorize s made i ny know n contai nd to see ng such	the exa n this a ledge a ned in cure ad inform	amining pplicat and be this ap Iditiona ation a	g physician to r ion (including s lief, are true a plication may o al job related in and all other pe	ender to the Destatements mad nd correct. I un constitute grout formation aboursons, corporat	epartment of the in any act aderstand t ands for my t me. I hero tions or org	ative to my position of Personnel the res ecompanying papers hat any omission, i dismissal. I give the eby release from lia anizations for furnis	ults of the ex s) have been misrepresen the employer ability the em shing such in	camination  n examined  tation and,  the right to  ployer and  nformation
<b>∠</b> I .	. Signatl	ure							Date_			
22.	. Please p	orint aı	ny othe	r surna	mes (l	ast na	umes) by whic	ch you are or I	nave beer	n 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.