



Background Check:	_____
Cleared:	_____
Drug Testing:	_____
Cleared:	_____

PLEASE PRINT!!

FULL NAME:

_____	_____	_____
LAST	FIRST	M

ADDRESS:

_____	_____	_____
# & STREET	CITY & STATE	ZIPCODE

PHONE # _____ EMAIL (**Required**) _____

EMERGENCY CONTACT NAME: _____

RELATION: _____ PHONE NUMBER: _____

DEPARTMENT/POSITION APPLYING FOR _____

ARE YOU UNDER 18? YES NO

DATE YOU CAN START WORK _____ LAST DAY YOU CAN WORK _____

OTHER OBLIGATIONS THAT MIGHT PREVENT YOU FROM WORKING:

REFERENCES:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

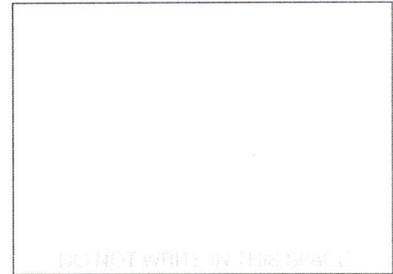
DEPARTMENT USE ONLY !!!

_____	_____	_____
DEPARTMENT	START DATE	DATE OF BIRTH
_____	_____	_____
TITLE	HOURLY RATE	EMPLOYEE #
_____	_____	_____
WITHHOLDING	WORKING PAPERS	NEWHIRE INFO SENT
_____	_____	_____
RETIREMENT NUMBER	EEO	I-9 FILED
_____	_____	_____
PAYROLL LINE ITEM	DRIVERS LICENSE #	ID ISSUED

BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



Department of Personnel
 Broome County Office Building, 3rd Floor
 60 Hawley Street, PO Box 1766, Binghamton, NY 13902
 www.gobroomecounty.com/personnel



1. _____ Full-Time Part-Time
Title of Position Applying For 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.

2. NAME _____ 3. SOC. SEC. NUMBER _____
Last First Middle

4. LEGAL ADDRESS _____
Street County

City State Zip

5. MAILING ADDRESS _____
(If different from above) Street City State / Zip

6. EMAIL _____ 7. CELL PHONE _____

8. HOME PHONE _____ 9. WORK PHONE _____

(Please notify immediately of any changes.)

10. EDUCATION: Select circle for last grade completed (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) GED

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

FOR DEPARTMENT USE ONLY

Approved Disapproved Reviewer's Initials _____

Comments: _____

11. EMPLOYMENT EXPERIENCE - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position. **Presently Employed**

A.
Company Name _____
Type of Business _____
Address _____
Your Position Title _____
Supervisor's Name _____
and Title _____
Employed From (date) _____ To (date) _____
Was the position Paid or Volunteer? Hours/Week _____
Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

B.
Company Name _____
Type of Business _____
Address _____
Your Position Title _____
Supervisor's Name _____
and Title _____
Employed From (date) _____ To (date) _____
Was the position Paid or Volunteer? Hours/Week _____
Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

C.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

D.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

PERSONAL DATA

12. 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).

13. 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.

14. If a motor vehicle license is required for the position, please indicate the license you presently possess:
Class A B C D E (select one) Designate type of commercial license: _____
Date of Expiration: _____ / _____ / _____
month day year

15. 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:
Name of Trade or Profession _____
License Number _____ Date From _____ To _____
Licensing Agency _____ City/State _____

16. For reference purposes do you have any objections to our contacting present or past employers? Yes No
If yes, comment: _____

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

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

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

20. What made you aware of this vacancy or Broome County employment opportunities?
 Personal Reference TV Radio Newspaper
 Bulletin Board In the 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 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.

21. Signature _____ Date _____

By checking this box and typing or signing your name in the signature field you are agreeing to the above declaration and verifying all information is accurate.

22. 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.

APPLICATIONS WILL BE HELD ON FILE FOR ONE YEAR FROM FILING DATE.