



CITY OF SCHENECTADY

City Hall
Human Resources Office – Room 105
105 Jay Street
Schenectady, NY 12305

Employment Application

CITY USE ONLY	
Applicant Name:	
Civil Service Job Title:	
Date Received by the Human Resources Office	
Date Received by the Hiring Department	

This Employment Application Form is for the internal use by the City of Schenectady and should not be filed with the Schenectady County Civil Service Commission.

CITY OF SCHENECTADY Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the City of Schenectady.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, arrest/criminal record, genetic predisposition or carrier status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resources Office.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Phone Number		
	Address (Street)		E-Mail Address		
	City		State	Zip	
	Position Applied For		Salary Desired		
	Are You Available For		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available For Work
	How were you referred to the City of Schenectady? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in				
	<input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____				
	Are you currently employed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever filed an application or interviewed for employment with the City of Schenectady?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give month and year ____/____/____				
	Have you ever been employed with the City of Schenectady before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates From ____/____/____ To ____/____/____					
Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

SKILLS	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List certificates, licenses (<i>including driver license or CDL endorsement</i>) or professional achievements that would support your qualifications for employment:	List any additional skills, technical or professional knowledge that you feel would support your application:	
If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here: _____			

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer			
Name of Employer		Phone Number	
Address (Street)	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address (Street)	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address (Street)	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
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Name of Employer		Phone Number	
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Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

U.S. MILITARY HISTORY			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former supervisors; list three)			
Name/Occupation		Phone Number	
Address (Street)	City	State	Zip
			Years Known
Name/Occupation		Phone Number	
Address (Street)	City	State	Zip
			Years Known
Name/Occupation		Phone Number	
Address (Street)	City	State	Zip
			Years Known

Conviction Record Status		
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the City of Schenectady. The nature of the violation and all other appropriate circumstances will be considered. The City of Schenectady reserves the right to reject individuals for employment based on job-related convictions.		
Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the City's pre-employment drug testing requirement or the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Schenectady, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____

**City of Schenectady Employment Application
Voluntary Self-Identification
Statistical Data Record**

Name (Last name, first name, middle name): _____
(Please print)

Position applying for: _____ **Date:** _____

Examination Applied for:
Title: _____ **Exam #** _____

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The City of Schenectady is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, religion, marital status, sexual orientation, gender identification, gender expression, status as a victim of domestic violence, citizenship, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the administration of statistical data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This information will be kept in a confidential file separate from the application for employment or examination. Please return this page with your application.

Gender: I am...(check one)

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Ethnic Group: I am... (check one)

<input type="checkbox"/>	American Indian or Alaskan Native – A person having origins in any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian/Hawaiian/Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; or a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Black or African American – A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino (All races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or original, regardless of race.
<input type="checkbox"/>	White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.

Veteran Status: I am... (check one)

<input type="checkbox"/>	Special Disabled Veteran – (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/>	Vietnam Era Veteran – A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was preformed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Status: I am...

<input type="checkbox"/>	Disabled Individual – Under the Rehabilitation Act of 1973, a disabled individual is one who: has a physical or mental impairment which substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment. Major life activities: caring for oneself, walking, seeing, hearing, speaking, breathing, learning and working.
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[] I choose not to self-identify at this time.

Signed: _____	Date _____
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