

CITY OF YONKERS



(Mailing Address)
CITY OF YONKERS
PERSONNEL DEPARTMENT
CITY HALL - ROOM 116
YONKERS, NEW YORK 10701-3872

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

1) TYPE OF WORK FOR WHICH YOU ARE APPLYING:

FULL TIME _____ PART TIME _____ SUMMER _____

2) NAME: _____

SOCIAL SECURITY NO. _____ - _____ - _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

DAY () _____ EVE () _____

3) ARE YOU OVER THE AGE OF 18

YES NO

IF NOT, LIST DATE OF BIRTH _____

4) ARE YOU A CITIZEN OF THE UNITED STATES?

YES NO

ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?

YES NO

NOTE: IF YOU ARE SELECTED FOR EMPLOYMENT, FEDERAL LAW REQUIRES THAT YOU SUBMIT DOCUMENTARY PROOF OF CITIZENSHIP OR STATUS AS AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES.

5) AS OF THE DATE OF THIS APPLICATION, HAVE YOU BEEN A LEGAL RESIDENT OF YONKERS FOR AT LEAST ONE YEAR?

YES NO

6) HAVE YOU EVER WORKED FOR THE CITY OF YONKERS BEFORE?

YES NO

IF YES, WHERE, WHEN, AND IN WHAT CAPACITY?

7) HOW DID YOU LEARN OF THIS JOB OPENING?

8) a) CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH APPLYING WITHOUT ACCOMMODATION?

YES NO

b) IF YOU REQUIRE ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH APPLYING, BRIEFLY EXPLAIN THE ACCOMMODATION: _____

9) IF RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

DO YOU HAVE A VALID DRIVERS LICENSE?

YES NO

CLASS: _____ STATE: _____

EXPIRATION DATE: _____

MOTORIST IDENTIFICATION NUMBER: _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES NO

IF YES, PLEASE EXPLAIN.

NOTE: A SUSPENSION OR REVOCATION DOES NOT AUTOMATICALLY DISQUALIFY YOU

10) EXCEPT FOR MINOR TRAFFIC INFRACTIONS AND JUVENILE OFFENSES, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OR CRIME AGAINST THE LAW?

YES NO

IF YES, PLEASE EXPLAIN. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NOTE: A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOU.

11) HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?

YES NO

IF YES, PLEASE LIST BRANCH OF SERVICE, DATES OF SERVICE, AND RANK AT DISCHARGE.

DID YOU RECEIVE A DISHONORABLE OR BAD CONDUCT DISCHARGE?

YES NO

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

12) LIST ALL EDUCATION RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS CREDITED	FROM TO		COURSE / MAJOR	DID YOU GRADUATE? / YEAR	DEGREE AWARDED
HIGH SCHOOL *							
COLLEGE							
OTHER							

* IF YOU POSSESS A HIGH SCHOOL EQUIVALENCY DIPLOMA, LIST STATE, YEAR ISSUED, AND CERTIFICATE NUMBER.

13) PLEASE LIST SPECIAL SKILLS AND QUALIFICATIONS IF THEY ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

ESTIMATED TYPING SPEED: _____ ESTIMATED STENO SPEED: _____

WORD PROCESSING SYSTEMS: _____

COMPUTER SYSTEMS: _____

OTHER EQUIPMENT OR MACHINE SKILLS: _____

OTHER SKILLS: _____

LANGUAGE SKILLS: SPEAK: _____

READ: _____

WRITE: _____

14) IF A LICENSE, CERTIFICATE, OR OTHER CREDENTIALLING TO PRACTICE A TRADE OR PROFESSION IS REQUIRED OR RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE COMPLETE THE FOLLOWING:

TRADE OR PROFESSION: _____

LICENSING AGENCY: _____

STATE AND/OR CITY: _____

LICENSE NUMBER: _____

EXPIRATION DATE / TERM: _____

15) **EMPLOYMENT HISTORY:**

PLEASE LIST ALL EXPERIENCE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, STARTING WITH THE MOST RECENT JOB. INCLUDE RELATED MILITARY AND VOLUNTEER EXPERIENCE.

1	LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS
	FROM	TO			
	MO / YR	MO / YR			
	EARNINGS \$	hrs per week	CITY AND STATE		TELEPHONE NO.
	TYPE OF BUSINESS		DESCRIBE DUTIES BELOW		
	YOUR EXACT TITLE				
	NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE					
Reason For Leaving					
2	LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS
	FROM	TO			
	MO / YR	MO / YR			
	EARNINGS \$	hrs per week	CITY AND STATE		TELEPHONE NO.
	TYPE OF BUSINESS		DESCRIBE DUTIES BELOW		
	YOUR EXACT TITLE				
	NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE					
Reason For Leaving					
3	LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS
	FROM	TO			
	MO / YR	MO / YR			
	EARNINGS \$	hrs per week	CITY AND STATE		TELEPHONE NO.
	TYPE OF BUSINESS		DESCRIBE DUTIES BELOW		
	YOUR EXACT TITLE				
	NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE					
Reason For Leaving					
4	LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS
	FROM	TO			
	MO / YR	MO / YR			
	EARNINGS \$	hrs per week	CITY AND STATE		TELEPHONE NO.
	TYPE OF BUSINESS		DESCRIBE DUTIES BELOW		
	YOUR EXACT TITLE				
	NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE					
Reason For Leaving					

16) APPLICANT CONSENT AGREEMENT FOR SUBSTANCE ABUSE TEST

The City of Yonkers has a written Substance Abuse Policy. Copies are available at the Civil Service and Personnel offices.

I understand that as part of the background investigation process I may be required to participate in a test for the use of intoxicants and controlled substances and that evidence of the use of intoxicants and controlled substances may lead to my disqualification from appointment or termination from employment. I also understand that if I refuse to participate in such test I will be removed from further consideration for employment.

I hereby consent to the administration of a urine test for this purpose and to the terms of this consent Agreement. I further consent to the release of my test results to authorized officials of the City of Yonkers for their appropriate review.

Date

Applicant Signature

17) PLEASE NOTE:

APPLICANTS ARE ADVISED THAT ALL STATEMENTS MADE BY THEM IN CONNECTION WITH THEIR APPLICATION FOR EMPLOYMENT ARE SUBJECT TO INVESTIGATION AND VERIFICATION.

THIS APPLICATION MAY BE USED FOR REVIEW BY THE PROSPECTIVE APPOINTING AUTHORITY AS A PART OF A BACKGROUND INVESTIGATION.

ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON VERIFICATION OF STATEMENTS MADE ON THE APPLICATION AND COMPLETION OF REFERENCE CHECKS AND BACKGROUND INVESTIGATION.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

18) CERTIFICATION

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS OR RESUME) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT AND FORMER EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS OR RESUME) TO PROVIDE INFORMATION THAT MAY BE REQUESTED FOR PURPOSES OF MAKING AN EMPLOYMENT DECISION.

Date

Applicant Signature

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT BY THE CITY OF YONKERS

AN EQUAL OPPORTUNITY EMPLOYER

