



# CITY OF SCHENECTADY

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

## Employment Application

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

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    ____/____/____				

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				

<b>SKILLS</b>	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.

<b>Present or Last Employer</b>			
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			

<b>Next Previous Employer</b>			
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			

<b>Next Previous Employer</b>			
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			

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. <b>Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the City of Schenectady.</b> 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: \_\_\_\_\_