



NYS Office of Parks, Recreation and Historic Preservation

Employment Application

Seasonal/Temporary Positions (Hourly)

Annual Salaried Positions

Name		Work Location(s) Desired	
Street		Type of Work/Position Desired	
City	State	Zip Code	
Telephone: Day		Evening	
Cell			
E-Mail: Home		Date Available to Begin	
Work/School		Available to Work Until (Date)	
NYS Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____		Available (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any dates not available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, age _____		Are your parents, spouse, siblings, children, or any in-laws currently employed by this agency? (A yes answer does not necessarily preclude employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you now, or in the future, require sponsorship for employment visa status? (eg H-1B visa status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for this agency before? <input type="checkbox"/> Yes _____ Year <input type="checkbox"/> No	
		Do you currently work for any other NYS agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? _____	

EDUCATION

Circle the last grade level you have completed K 1 2 3 4 5 6 7 8 9 10 11 12 GED	Graduate	Major Subject	Credits	Degree Received
College(s)	Yes No			
Other				

Job Related Skills/Licenses/Certificates

CURRENT/MOST RECENT JOB

Company	Location	Dates Employed	Supervisor	Phone No.
Salary	Explain Duties – Include reason for leaving if no longer employed.			

ADDITIONAL WORK HISTORY

Attach resume if available			
Employer	Address	Salary	Employed From and To
Explain Duties			
Reason for Leaving		Supervisor: Phone No.:	
Employer	Address	Salary	Employed From and To
Explain Duties			
Reason for Leaving		Supervisor: Phone No.:	

Except for minor traffic violations, have you ever been convicted of a violation of the law? (A yes answer does not necessarily preclude you from employment with this agency.) No Yes

If you answered yes, please provide the following information:
List ALL violations(s) or crime(s) of which you were convicted and the date(s) of the convictions below: (attach additional sheet of paper if more space is needed)

Are you currently on parole or probation? No Yes
If Yes, please explain:

Are you currently awaiting trial on any criminal charge? No Yes
If Yes, please explain:

Are you currently on deferred adjudication? No Yes
If Yes, please explain:

Are there any jobs that you have had in the last 5 years that are not listed on the Application or your resume? No Yes

If Yes, please explain:

Have you ever been discharged or asked to resign from any position in the past 5 years? No Yes

If Yes, please explain:

I affirm under penalty of perjury that all statements made on this application are true. I understand that all statements made by me in connection with this application for employment are subject to investigation and verification which may include checking any and all public records to verify the accuracy of information provided. An omission, material misstatement or fraudulent representation may disqualify me from appointment and/or lead to revocation of my appointment.

Signature _____ Date _____

OPRHP Reviewer Name _____ Date Reviewed _____

Name _____ Date _____

Social Security No.

The social security number will be used to verify eligibility for employment for those positions that require prior service with New York State. Failure to provide your social security number at the time of application will not disqualify you from consideration, but you will be required to provide it before any offer of employment can be made. Your social security number will not be given to the public, or appear on any form or information request.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you are providing on this application is being requested for the principal purpose of determining eligibility for initial and continued employment. The information may also be used in administering employee benefit programs and will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

Annual Salaried Positions

The information will be maintained by the Director of Personnel, Office of Parks, Recreation and Historic Preservation, Agency Building 1, Empire State Plaza, Albany, New York 12238, (518) 474-0453.

Hourly Wage (Temporary/Seasonal) Positions

The information will be maintained by the Regional Director (or his or her designee) in the region(s) where you are applying for employment.

BACKGROUND/REFERENCE CHECK AND RELEASE FORM

Please provide the name and contact information for three references:

1. Name _____

Day Phone _____

E-Mail Address _____

Address _____

2. Name _____

Day Phone _____

E-Mail Address _____

Address _____

3. Name _____

Day Phone _____

E-Mail Address _____

Address _____

I, _____, hereby authorize the
(Print Name Here)

New York Office of Parks, Recreation and Historic Preservation to make such investigations and inquires of my employment and background as may be necessary in arriving at an employment decision. I hereby release those designated as references from all liability in responding to inquiries in connection with my application.

Signature _____

Date _____

THIS APPLICATION WILL BE KEPT ACTIVE FOR ONE YEAR. AFTER THAT, YOU MUST REAPPLY.
DO NOT WRITE BELOW

INTERVIEWER'S COMMENTS:

The following section to be completed ONLY after hire

Item No. _____	Title _____	Location _____	Date of Hire _____
D.O.B. _____	Driver's License No. _____	Class _____	Expires _____
License Restrictions/Convictions _____		E.C. _____	Initial Appointment Date (if previously employed with OPRHP) _____
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of NYS Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
to _____ Dates of Service			

NOTIFY IN CASE OF EMERGENCY

Name _____ Address _____

Day Phone _____ Evening Phone _____

PLEASE CHECK OFF WHICH FORMS ARE ATTACHED

- | | | |
|--|---|--|
| <input type="checkbox"/> I-9 | <input type="checkbox"/> W-4 | <input type="checkbox"/> Retirement System Application/Declination |
| <input type="checkbox"/> Working Papers (if necessary) | <input type="checkbox"/> IT2104 | <input type="checkbox"/> Designation of Beneficiary (if Declining) |
| <input type="checkbox"/> Dual Employment (if working for another state agency) | <input type="checkbox"/> Health Insurance Forms | <input type="checkbox"/> Retirement No. _____ |
| <input type="checkbox"/> Military Statement (Forward DD-214) | <input type="checkbox"/> Oath of Office Card | <input type="checkbox"/> Holiday Waiver Form |

Date _____

Signed _____

Title _____