



Department of Education

ADMINISTRATIVE EMPLOYEE APPLICATION FORM

FOR OFFICE USE

Appl. Date: Position Title: Civil Service List #: Provisional Transfer Reinstatement

1. APPLICANT INFORMATION

Name: ADDRESS: SOCIAL SECURITY #: ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.? WHAT POSITION ARE YOU SEEKING? HOW SOON ARE YOU AVAILABLE TO WORK? SALARY PREFERRED: BOROUGH PREFERRED: SOURCE OF REFERENCE: HOME PHONE #: WORK PHONE #: HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE ANY CRIMINAL CHARGES PENDING FOR ANY OFFENSE (NOT INCLUDING TRAFFIC VIOLATIONS)?

2. VETERANS STATUS (To Be Filled Out By Veterans Only)

Date of Discharge Type of Discharge A DISHONORABLE DISCHARGE IS NOT AN ABSOLUTE BAR TO EMPLOYMENT AND OTHER FACTORS WILL BE CONSIDERED BEFORE A FINAL DECISION IS MADE.

3. PRIOR CITY/STATE SERVICE

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OR STATE OF NEW YORK? Yes No If Yes, complete the following: Department: Title: Status: Date of Separation: Reason For Separation: If you are retired, are you presently receiving a pension from any City or State retirement system: Yes No If yes, indicate Pension System and Agency:

**4. BASIC EDUCATION INFORMATION**

- CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED.

Elementary    1    2    3    4    5    6    7    8                      High    1    2    3    4

- Do you possess a high school diploma or G.E.D.?    Yes                       No

NAME/LOCATION OF COLLEGE                      DATES ATTENDED                      MAJOR                      DEGREE OR # OF  
UNIVERSITY OR TECH. SCHOOL                      (MONTH/YEAR)                      SUBJECTS                      CREDITS

**SEE ATTACHED RESUME**

**5. WORK EXPERIENCE (LIST 15 YEARS STARTING WITH MOST RECENT EXPERIENCE). PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT.**

EMPLOYER                      MO/YR EMPLOYED                      NATURE OF BUSINESS/                      TITLE/                      REASON FOR  
NAME/ADDRESS                      (FROM/TO)                      BRIEF STATEMENT OF DUTIES                      SALARY                      LEAVING

**SEE  
ATTACHED  
RESUME**

**6. SPECIAL SKILLS OR LICENSES**

- LIST ANY OTHER SPECIAL SKILLS (e.g., typing, dictation, word processing, computer operator, bilingual, or language skills, etc.) OR **LICENSES YOU HOLD PERTINENT TO THE POSITION APPLIED FOR:**

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NOTICE: A material false statement or omission willfully or fraudulently made will result in disqualification, even following appointment, and may result in criminal prosecution. Affirmation (by Applicant): I declare and affirm, under the penalties of perjury that I have read and understand the above notice and that the statements contained herein are true and correct to the best of my knowledge. I HEREBY AUTHORIZE THE VERIFICATION OR RELEASE OF ANY OR ALL INFORMATION LISTED ON THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE