



New York State (NYS) is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: The Office of Diversity and Inclusion at (518) 473-4548.

IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the ADDITIONAL REMARKS section. Applicants may be required to complete additional components of the Employment Application as directed by the hiring agency. After the interview process, Applicants must complete Part 2A of the New York State Employment Application, as directed by the appointing agency.

Name: Last First MI XXX/XX/SSN (last 4 digits only)

Current Mailing/Street Address:

City State Zip Code NYS EMPLID (if assigned)

County of Residence:

Email Address:

Area Code/Home Phone

Permanent Street Address (if different from above):

Area Code/Business Phone

List any other names by which you have been known (including nicknames):

Area Code/Cell Phone

How did you hear about this opportunity? (check one):

- StateJobsNY Canvass Letter College/University Indeed LinkedIn Social Media In-Person Job Fair Virtual Job Fair Friend/Family Other (Please list)

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes No
b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes No
c. If under age 18, can you provide a work permit? Yes No N/A

POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview. **If you are required to possess a driver license for the position you are applying for, please complete the following questions:**

- a. **Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State?** Yes No
- b. If yes, please select your license class: A B C D E Other (specify) _____
- Licensing State: _____ License Number: _____ Expiration Date: _____
- c. **For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:**
- _____

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. **If you are required to possess such credentials for the position you are applying for, please complete the following questions:**

- a. **Name of Trade or Professional License/Certificate:** _____
- Type/Specialty:** _____ **Issued By:** _____
- License No.:** _____ **Issue Date:** _____ **Expiration Date:** _____
- Registration Date:** _____ **Registration Expiration Date:** _____
- b. **Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration?** Yes No N/A
- c. **Has your license/certification/registration ever been suspended or revoked?** Yes No N/A If yes to 3b or 3c, please specify in detail:
- _____

- d. **For Teacher Certification:** Is your Certification Initial, Provisional, Permanent, or Professional? Please specify:
- _____

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Check here if you have no relative(s) employed by the agency with which you are seeking employment.

Relative Name: _____ Relationship to you: _____

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes No

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: _____

7. Geographic work location(s) desired: _____

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

Hours	Ability to Work		Schedule	Ability to Work		Duration	Ability to Work	
Shift Work	Yes	No	Saturday hours	Yes	No	Permanent	Yes	No
Overtime	Yes	No	Sunday hours	Yes	No	Temporary	Yes	No
			Full-time	Yes	No	Seasonal	Yes	No
			Part-time	Yes	No	Summer Only	Yes	No
			Per diem	Yes	No	Winter Only	Yes	No

9. If offered a position with the hiring agency, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by: _____			Number: _____
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

Name: _____

EMPLOYMENT & EXPERIENCE

Please list all periods of employment*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name: _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties:

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name: _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties:

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name: _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties:

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

* Additional Sheets Attached? Yes No

Name: _____

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

_____ Email Address: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

_____ Email Address: _____

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

_____ Email Address: _____

ADDITIONAL REMARKS

Additional Sheets Attached? Yes No

APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____

SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of pages 6 and 7 for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, **and**
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

Terms and Conditions of Employment

If I accept an offer of employment, I agree to the following: adhering to the Justice Center for the Protection of People with Special Needs' Code of Conduct, and acknowledging adherence annually; treating patients with kindness and consideration; reporting improper treatment of patients; following established rules and regulations; working any assigned shift on any day, including overtime as necessary; taking necessary immunization against contagious diseases; applying for and obtaining an NPI number where required; and permitting the inspection of my belongings and containers by proper facility authorities, when deemed appropriate.

The New York State Justice Center for the Protection of People with Special Needs (Justice Center) maintains a statewide register known as the Staff Exclusion List (SEL) which contains the names of individuals found responsible for serious or repeated acts of abuse and neglect in facilities under the jurisdiction of the Justice Center. Individuals on the Staff Exclusion List (SEL) are prohibited from having regular and substantial contact with a person receiving services from any such provider, which includes most OMH programs, as well as other human services providers. Prospective employees whose names appear on the SEL as having been found responsible for serious or repeated acts of abuse or neglect will be barred from appointment by OMH for employment in a direct care position and may have their names removed from the eligible list(s) for these title(s). If, at any point in your employment with OMH, you are placed on the SEL list you will not be able to provide future care to patients of those OMH programs or obtain employment as a care provider in any facility under the jurisdiction of the Justice Center. More information about the programs under the jurisdiction of the Justice Center and the SEL is available on the Justice Center's website at www.justicecenter.ny.gov.

Name: _____

I understand that in order to be eligible for initial appointment and to maintain my employment, I cannot be listed as an excluded individual or entity on any of the federal and/or State Medicaid and Medicare exclusion lists (or excluded from any other Federal or federally assisted program.) If I am appointed and subsequently listed as an excluded individual or entity on any of these lists (or excluded from any other federal or federally assisted program) I understand I may be terminated from my employment.

For positions requiring professional licensing and registration for appointment, continued employment in the position is dependent upon maintaining current licensure and registration with New York State. I understand that loss of licensure and/or current registration may result in removal from employment.

Signature

Date

Personal Privacy Law Notification

The information you are providing on this application is requested by the Office of Mental Health for the purpose of determining eligibility for initial employment and continued employment and in administering employee benefit programs. This information will be maintained by Central Office Personnel Services or in the facility personnel office where you are applying for employment. This information is collected and maintained pursuant the Civil Service Law and Article 6-A of Public Officers Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

Name: _____