

STATE OF NEW YORK UNIFIED COURT SYSTEM



APPLICATION FOR EMPLOYMENT

Title of Position:	Announcement #:	Geographic Location of Position:
1. Last Name _____ First Name _____ Initial _____ Mailing Address _____ City or Post Office _____ State _____ Zip Code _____ Telephone Number _____ Home: _____ Business: _____	2. AGE: Are you at least 18 years of age? Yes 9 No 9 If no, indicate your date of birth Month _____ Day _____ Year _____	
3. CITIZENSHIP: Form I-9 attached 9 Are you a citizen of the United States? Yes 9 No 9 If no, do you have a legal right to work in the United States? Yes 9 No 9		

4. ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN If you answer is "YES" to any of these questions, give details on an attached sheet.	<u>YES</u>	<u>NO</u>
a) Except for minor traffic offenses and adjudications as youthful offender, wayward minor or juvenile delinquent:		
i. Have you ever been convicted of an offense against the law?		
ii. Have you ever forfeited bail or other collateral?		
iii. Do you now have any criminal charges pending against you?		
b) Have you ever been dismissed from any employment for reasons other than lack of work or funds?		
c) Have you ever received a discharge from the Armed Forces which was other than honorable?		
d) Are you currently in violation of a court order in any state for child or spousal support?		

5. EDUCATION	NAME OF SCHOOL AND CITY IN WHICH LOCATED	Full or Part-Time	No. of years Credited	Were You Graduated	Type of Course or Major Subject	No. Of Credits Received	Degree Received Or Expected
High School**							
College, Univ. Professional or Technical School							
Other Schools or Special Courses							

*If you have a high school equivalency diploma, give number and year of issue:

6. EXPERIENCE (List your most recent employment first, including volunteer work, military service, internship, work-study, etc. Attach a resume if available.)	WEEKLY EARNINGS	EMPLOYED FROM TO Mo. Year Mo. Year	REASON FOR LEAVING	TITLE AND DUTIES OF YOUR POSITION Describe the kind of work performed and supervisory experience if any
NAME, ADDRESS AND BUSINESS OF EMPLOYER				

7. REMARKS: ATTACH ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED.

PLEASE COMPLETE THIS AFFIRMATION

I affirm that the statements on this application (including any attached papers) are true. False statements made in this application are punishable under Penal Law {§210.45}

X _____
Signature of Applicant

Date

THE STATE OF NEW YORK UNIFIED COURT SYSTEM IS AN EQUAL OPPORTUNITY EMPLOYER