

Education

Do you have a high school diploma? Yes No Name and Location of High School: _____

Or a High School Equivalency (GED) Diploma? Yes No

College/University

Name of School and City in which located	Dates of attendance (Month/Year) From To	Type of Course of Major	Number of College Credits Received	Did you Graduate?	Type of degree received?	Date Degree Received or Expected

College Transcripts (omit if not applicable)

Is transcript submitted herewith?

Is transcript on file with Albany County Civil Service?

Is College to forward transcript?

Professional Schools, Residencies, Military Service Schools, Other Schools

Do you have a license, certificate, or other authorization to practice a trade or profession? Yes No

Name of trade or profession _____ Granted by (Licensing agency) _____ State of _____

Initial date of Licensure _____ Currently Licensed From: Mo. Yr. To: Mo. Yr.

Have you any loans made or guaranteed by the New York State Higher Education Services Corporation; which are currently outstanding? Yes No

If so, are you presently in default on any such loan? Yes No

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. **Begin with you most recent employment and work backward consecutively to your first one.** Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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Earnings \$	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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Earnings \$	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

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Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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Earnings \$	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.