BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



Department of Personnel

Broome County Office Building, 3rd Floor 60 Hawley Street, PO Box 1766, Binghamton, NY 13902 www.gobroomecounty.com/personnel

ASIN SO JA	www.gobroomecounty.com/per									
1. Title of	Position Applying For		rt-Time mmer	DO NOT WRITE	IN THIS SPACE					
No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.										
BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER										
	ng of your background and work history will aid se print using black ink or type. Answer all qu									
2. NAME Last	First Midd	3. SOC. SE	EC. NUMBI	ER						
4. LEGAL ADDRES	Street			Coun	ty					
City		State			Zip					
5. MAILING ADDRE If different from above)	Street	C	ity		State / Zip					
6. EMAIL		7. CE	LL PHONI	≣						
3. HOME PHONE 9. WORK PHONE										
	(Please notify immediately of any changes.)									
IO. EDUCATION: Se	elect circle for last grade completed 6 7 8	9 10 11 12 13	14 15	16 17 18	GED					
	Name and School Location	Graduated?	Туре	of Degrees	No. of credits completed					
High School last attended		Yes or No								
Colleges		Yes or No								
Jniversities		Yes or No								
Other		Yes or No								
		Yes or No								
FOR DEPARTMENT ☐ Approved ☐	NT USE ONLY Disapproved Reviewer's Initials									
Comments:										

A.	
Company Name	
Type of Business	
Address	
Your Position Title	
Supervisor's Name	
and Title	
Employed From (date) T	o (date)
Was the position ☐Paid or ☐Volunteer? Hours/Week	
Describe your duties and responsibilities in detail	
Reason for leaving (Please explain fully.)	
• • • • • • • • • • • • • • • • • • • •	
3.	
3. Company Name	
3. Company Name Type of Business	
Gompany Name	
3. Company Name_ Type of Business_ Address_ Your Position Title_	
3. Company Name Type of Business Address Your Position Title Supervisor's Name	
3. Company Name Type of Business Address Your Position Title	
3. Company Name	
B. Company Name	o (date)
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) Paid or Volunteer? Hours/Week	o (date)
B. Company Name Type of Business Address Your Position Title Supervisor's Name	o (date)
B. Company Name	o (date)
B. Company Name	o (date)

C. Company Name							
Type of Business_							
Address							
Your Position Title							
Supervisor's Name							
and Title							
Employed From (date) To (date)							
Was the position □Paid or □Volunteer? Hours/Week							
Describe your duties and responsibilities in detail							
Reason for leaving (Please explain fully.)							
D. Company Name							
Company Name							
Company Name Type of Business							
Company Name Type of Business Address							
Company Name Type of Business Address Your Position Title							
Company Name Type of Business Address Your Position Title Supervisor's Name							
Company Name Type of Business Address Your Position Title Supervisor's Name and Title							
Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) To (date)							
Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) To (date) Was the position Paid or Volunteer? Hours/Week							
Company Name							
Type of Business							
Company Name							

PE	RSONAL	DATA										
12.	. Do you have the legal right to accept employment in the United States? (Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment).							☐ Yes	□No			
13.	3. Have you ever been convicted of a misdemeanor or felony? If yes, please give particulars and disposition of each charge on a separate sheet and attach same.							☐ Yes	□ No			
14.	If a motor	vehicl	e licens	e is red	quired f	or the po	sition, please	indicate the lice	ense you _l	presently posses	ss:	
	Class	Α	В	С	D	Е	(select one)	Designate type	e of comn	nercial license:		
								Date of Expira	ation:	month /	/_ day	year
15.	are apply	ing, ple	ease inc	dicate t	he follo	wing:		·	·	nent for the positio	on for which y	ou
										T		
	Licensing	Agend	су					Ci	ity/State _			
16.		·		-				ontacting prese	·		☐ Yes	□No
	ii yoo, oo		•									
17.	Did you q	ualify a	as an Ex	xempt '	Volunte	er Firem	an as set forth	n by the criteria	in section	200 of the Gene	eral Municipa	
											☐ Yes	☐ No
18.	Did you s	erve in	the arn	ned for	ces of t	the Unite	d States?				☐ Yes	□ No
	Bran	ch					[Dates				
19.	Did you re	eceive	a disch	arge w	hich wa	as honora	able or were y	ou released und	der honora	able circumstanc	es? 🗆 Yes	□No
20.	What mad	de you	aware (of this	vacanc	y or Broo	me County e	mployment oppo	ortunities?	?		
	□ P	ersona	l Refere	ence	I	□ TV		☐ Radio		☐ Newspaper		
	□в	ulletin I	Board		I	☐ In the	Personnel Of	fice	☐ Oth	er		
phy I de by or f inv	rsical exant eclare that me and to alsification estigate al	mination the sta the be n of info I refere	n and au tements est of mormation ences ar	uthorizes made ny knov n conta nd to se	e the ex in this a vledge ained in ecure a	amining application and belication this app dditional	physician to ro on (including s ef, are true ar dication may o job related int	ender to the Dep tatements made nd correct. I und constitute groun formation about	cartment of any action and the control of the contr	ative to my position of Personnel the recompanying papthat any omission dismissal. I give eby release from panizations for fun	results of the pers) have be n, misreprese the employed liability the e	examination. en examined entation and er the right to employer and
21	. Signat	ure								Date		
	By checkin	g this bo	x and typ	ing or si	gning vou	ur name in	the signature field	d you are agreeing	to the above	e declaration and veri	fying all informa	tion is accurate
22	By checking this box and typing or signing your name in the signature field you are agreeing to the above declaration and verifying all information is a Please print any other surnames (last names) by which you are or have been known											

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.