

12) LIST ALL EDUCATION RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL:

GRADE SCHOOL
1 2 3 4 5 6 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4

GRADUATE
1 2 3 4

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS CREDITED	COURSE / MAJOR	DEGREE AWARDED
HIGH SCHOOL*				
COLLEGE				
OTHER				
OTHER				

* IF YOU POSSESS A HIGH SCHOOL EQUIVALENCY DIPLOMA, LIST STATE, YEAR ISSUED, AND CERTIFICATE NUMBER.

13) PLEASE LIST SPECIAL SKILLS AND QUALIFICATIONS IF THEY ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

ESTIMATED TYPING SPEED: _____ ESTIMATED STENO SPEED: _____

COMPUTER SOFTWARE: _____

OTHER EQUIPMENT OR MACHINE SKILLS: _____

OTHER SKILLS: _____

LANGUAGE SKILLS: SPEAK: _____ READ: _____ WRITE: _____

14) IF A LICENSE, CERTIFICATE, OR OTHER CREDENTIALING TO PRACTICE A TRADE OR PROFESSION IS REQUIRED OR RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE COMPLETE THE FOLLOWING:

TRADE OR PROFESSION: _____

LICENSING AGENCY: _____

STATE AND/OR CITY: _____

LICENSE NUMBER: _____

EXPIRATION DATE / TERM: _____

15) EMPLOYMENT HISTORY:

1)	LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For Leaving		
2)	LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For Leaving		
3)	LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For Leaving		
4)	LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For Leaving		

16) APPLICANT CONSENT AGREEMENT FOR SUBSTANCE ABUSE TEST

The City of Yonkers has a written Substance Abuse Policy. Copies are available at the Personnel office.

I understand that as part of the background investigation process I may be required to participate in a test for the use of intoxicants and controlled substances and that evidence of the use of intoxicants and controlled substances may lead to my disqualification from appointment or termination from employment. I also understand that if I refuse to participate in such test I will be removed from further consideration for employment.

I hereby consent to the administration of a urine test for this purpose and to the terms of this Consent Agreement. I further consent to the release of my test results to authorized officials of the City of Yonkers for their appropriate review.

Date

Applicant Signature

17) PLEASE NOTE:

APPLICANTS ARE ADVISED THAT ALL STATEMENTS MADE BY THEM IN CONNECTION WITH THEIR APPLICATION FOR EMPLOYMENT ARE SUBJECT TO INVESTIGATION AND VERIFICATION.

THIS APPLICATION MAY BE USED FOR REVIEW BY THE PROSPECTIVE APPOINTING AUTHORITY AS A PART OF A BACKGROUND INVESTIGATION.

ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON VERIFICATION OF STATEMENTS MADE ON THE APPLICATION AND COMPLETION OF REFERENCE CHECKS AND BACKGROUND INVESTIGATION.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

18) CERTIFICATION

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS OR RESUME) ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE. IF HIRED, I AGREE TO ABIDE BY AND UPHOLD ALL LAWS, POLICIES AND PROCEDURES OF THE CITY OF YONKERS INCLUDING AMONG OTHERS, CITY CODE, CODE OF ETHICS, ZERO TOLERANCE FOR VIOLENCE, HARASSMENT AND DISCRIMINATION.

I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT AND FORMER EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS OR RESUME) TO PROVIDE INFORMATION THAT MAY BE REQUESTED FOR PURPOSES OF MAKING AN EMPLOYMENT DECISION.

Date

Applicant Signature

DO NOT WRITE IN THIS BOX

For Civil Service Use Only

IN COMPLIANCE WITH THE NEW YORK STATE HUMAN RIGHTS LAW, THE CITY OF YONKERS DOES NOT DISCRIMINATE BASED UPON RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, AGE, MEDICAL CONDITION OR DISABILITY, PREDISPOSING GENETIC CHARACTERISTICS, MILITARY STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, VETERAN STATUS OR DOMESTIC VIOLENCE VICTIM STATUS.

AN EQUAL OPPORTUNITY EMPLOYER