## **CITY OF YONKERS**



## CITY OF YONKERS DEPARTMENT OF HUMAN RESOURCES ONE LARKIN CENTER 2<sup>nd</sup> FLOOR YONKERS, NEW YORK 10701-3872 (914) 377-6180

www.yonkersny.gov

AN EQUAL OPPORTUNITY EMPLOYER

## **EMPLOYMENT APPLICATION**

	PERSON(S) CURRENTLY WORKING FOR THE CITY OF YONKERS?  YES NO
FULL TIME PART TIME SEASONAL	IF YES, LIST NAME(S) AND WORK LOCATION(S) AND
) NAME:	RELATIONSHIP:
LAST FIRST MI	
SOCIAL SECURITY NUMBER	
CITY, STATE, ZIP	
TELEPHONE DAY ( ) EVE ( )	10) IF RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME?	
IF YES, PLEASE STATE THE NAME(S):	DO YOU HAVE A VALID LICENSE? YES NO
ARE YOU OVER THE AGE OF 18?	CLASS:STATE:
	EXPIRATION DATE:
IF NOT, LIST DATE OF BIRTH:	MOTORIST IDENTIFICATION NUMBER:
ARE YOU A CITIZEN OF THE UNITED STATES?	MOTORIST IDENTIFICATION NUMBER:
ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?  YES NO	HAS YOUR DRIVERS LICENSE EVER BEEN YES NO SUSPENDED OR REVOKED?
Note: If you are selected for employment, federal law requires that you submit documentary proof of citizenship or status as an alien authorized to work in the United States.	IF YES, PLEASE EXPLAIN. USE A SEPARATE SHEET OF PAPER IF NEEDED
AS OF THE DATE OF THIS APPLICATION, HAVE YOU BEEN A LEGAL RESIDENT OF YONKERS FOR AT LEAST ONE YEAR?  YES NO	NOTE: A SUSPENSION OR REVOCATION DOES NOT AUTOMATICALLY DISQUALIFY YOU.
) HAVE YOU EVER WORKED FOR THE CITY OF YONKERS BEFORE? YES NO	11) HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?  YES NO
IF YES, WHERE, WHEN, AND IN WHAT CAPACITY?	IF YES, PLEASE LIST BRANCH OF SERVICE, DATES OF SERVICE AND RANK AT DISCHARGE:
HOW DID YOU LEARN OF THIS JOB OPENING?	
	DID YOU RECEIVE A DISHONORABLE OR BAD CONDUCT DISCHARGE?
a) CAN YOU PERFORM ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH APPLYING WITHOUT ACCOMMODATION?  YES NO	NOTE: A DISHONORABLE DISCHARGE OR YES NO SAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.
b) IF YOU REQUIRE ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH APPLYING, BRIEFLY EXPLAIN THE ACCOMMODATION ON A SEPARATE SHEET OF PAPER.	* IF YOU SERVED IN THE ARMED FORCES DURING A TIME OF CONFLIC AND DESIRE VETERAN'S PREFERENCE, ATTACH A COPY OF DD 214 (discharge papers).

CINCLE HIGHLST GRADE	COMPLETED IN SCHOOL:	GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12		GRADUATE 1 2 3 4
TYPE OF SCHOOL	NAME & ADE OF SCHOO		YEARS CREDITED	COURSE / MAJOR	DEGREE AWARDED
HIGH SCHOOL*					
COLLEGE					
OTHER					
OTHER					
PLEASE LIST SPECIAL SE	CILLS AND QUALIFICATIONS	IF THEY ARE RELEVANT TO T	HE POSITION FOR WHIC	H YOU ARE APPLYING:	
LANGUAGE SKILLS: SPI	EAK:	READ:		_WRITE:	
	ATE, OR OTHER CREDENTIA ING, PLEASE COMPLETE TH	LING TO PRACTICE A TRADE ( E FOLLOWING:	OR PROFESSION IS REQU	IRED OR RELEVANT TO	O THE POSITION FO
TRADE OR PROFESSION	:				
LICENSING AGENCY:					
STATE AND/OR CITY:					
LICENSE NUMBER: ——					
EXPIRATION DATE / TER	M:				

## 15) EMPLOYMENT HISTORY:

	LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS
1)	MO YR MO YR		
	FROM / TO /		
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	
	No. of Hooks Workled Lik Week (exclusive of overtime).	BESCRIBE BUTIES BELOW	
	NO. UP TO A CONTINUE TO		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For		
	Leaving		
	LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS
2)	MO YR MO YR	I IKWI IV/WIL	ADDRESS
	FROM / TO /		
	EARNINGS hrs per week	CITY AND STATE	TELEPHONE NO.
	NO. OF HOURS WORKED PER WEEK (exclusive of overtime):	DESCRIBE DUTIES BELOW	<u> </u>
	10. OF HOOKS WORKED FER WEEK (exclusive of overtille):	DESCRIBE DUTIES DELOW	l
	VOLID EVACT TITLE		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	Reason For		
	Leaving		
	LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS
3)	LENGTH OF EMPLOYMENT  MO YR MO YR	FIRM NAME	ADDRESS
3)		FIRM NAME	ADDRESS
3)	MO YR MO YR	FIRM NAME  CITY AND STATE	ADDRESS TELEPHONE NO.
3)	MO YR MO YR FROM / TO /		
3)	MO YR MO YR FROM / TO /		
3)	MO YR MO YR FROM / TO / EARNINGS hrs per week	CITY AND STATE	
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3)	MO YR MO YR FROM / TO /  EARNINGS hrs per week  NO. OF HOURS WORKED PER WEEK (exclusive of overtime):  YOUR EXACT TITLE	CITY AND STATE	
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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 REINVESTIGATION.	EVIEW BY THE PROSPECTIVE APPOINTING AUTHO	RITY AS A PART OF A BACKGROUND				
	ALL OFFERS OF EMPLOYMENT ARE COCOMPLETION OF REFERENCE CHECKS	ONDITIONED UPON VERIFICATION OF STATEMENT AND BACKGROUND INVESTIGATION.	NTS MADE ON THE APPLICATION AND				
	PURSUANT TO 210.45 OF THE NEW YORK MAKE A FALSE STATEMENT HEREIN.	STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A	CLASS "A" MISDEMEANOR TO KNOWINGLY				
18)	CERTIFICATION						
	I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS OR RESUME) ARE <b>ACCURATE</b> AND <b>COMPLETE</b> 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.						
		URRENT AND FORMER EMPLOYERS AND ORGANIZ RESUME) TO PROVIDE INFORMATION THAT MAY I					
	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.