



# EMPLOYMENT APPLICATION

## MUNICIPAL CIVIL SERVICE COMMISSION

The Federal and State laws prohibit discrimination in employment because of race, color, religion, national origin, sex, age, disability, marital status or veteran status.

**DIRECTIONS:** Please print in ink or type. Answer all questions. Return this completed form to:  
Civil Service Office, 5<sup>th</sup> Floor, City Hall, 38 Hawley Street, Binghamton, New York 13901

### ALL EMPLOYEES OF THE CITY OF BINGHAMTON ARE REQUIRED TO LIVE WITHIN THE CITY LIMITS

1. Position for which you are applying: \_\_\_\_\_
2. DATE: \_\_\_\_\_
3. NAME: \_\_\_\_\_
4. ADDRESS: \_\_\_\_\_  
(Number) (Street) (City)
5. TELEPHONE: \_\_\_\_\_ 6. SOCIAL SECURITY # \_\_\_\_\_
7. How long have you lived in Binghamton? Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_
8. Are you legally eligible for employment in the USA? Yes \_\_\_\_\_ No \_\_\_\_\_
9. If you are under the age of 18 years, state your birth date: \_\_\_\_\_
10. If a motor vehicle is required for a position, please circle the N.Y. and/or Federal license you presently possess: Class A B C D E (N.Y. State) C.D.L. Class \_\_\_\_\_
11. Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes" nature of offense: \_\_\_\_\_  
Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Court Name/Address: \_\_\_\_\_  
Use additional space if necessary  
Note: Conviction will not necessarily bar applicant from employment
12. Veteran of the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates: \_\_\_\_\_  
Branch: \_\_\_\_\_
13. EDUCATION: Please state highest grade completed: \_\_\_\_\_

Name & Location	Grad? Y or N	Course of Study Degree & Date	# Credits Completed
High School or GED			
College or University			
Other Schools or Special Courses (Specify Program)			

14. SPECIAL SKILLS AND QUALIFICATIONS (Note: If clerical position, list relevant shorthand/typing/computer courses and school name/location)

\_\_\_\_\_

\_\_\_\_\_

**15. WORK EXPERIENCE**

Describe your employment history as completely as possible, starting with your present or most recent employer. A resume may be attached as a supplement, not a substitute.

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE SHEET OF PAPER**

**I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION – INCLUDING ATTACHMENTS – ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. FALSE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISMISSAL.**

DATE \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_



# City of Binghamton Statistical Sheet for Candidates for Employment

You are **not required** to complete this form and any responses received will be kept anonymous. None of the information requested below will be used by the City, nor will any hiring supervisor be given any such information, as part of the decision making process as to whether to hire you or not. The only purpose for collecting such data is as part of the evaluation of the effectiveness of the City's Affirmative Action Plan. Please check off the information that applies to you.

**I. Which of the following ethnic groups do you consider yourself a member of?**

- A. American Indian/Alaskan Native \_\_\_\_\_
- B. Asian/Pacific Islander \_\_\_\_\_
- C. Black \_\_\_\_\_
- D. Hispanic \_\_\_\_\_
- E. Hispanic Black/Filipino \_\_\_\_\_
- F. White \_\_\_\_\_
- G. Other \_\_\_\_\_ Specify \_\_\_\_\_

**II. What is your gender?** Female \_\_\_\_\_ Male \_\_\_\_\_

**III. Age Group**

- Below 18 years \_\_\_\_\_ 40-50 \_\_\_\_\_
- 18-28 years \_\_\_\_\_ 51-64 \_\_\_\_\_
- 29-39 years \_\_\_\_\_ 65 or over \_\_\_\_\_

**IV. What is your veteran status? (Must have served at least 180 days to qualify for veteran status)**

- Not a veteran \_\_\_\_\_
- Vietnam Era Veteran (August 5, 1964 – May 7, 1976) \_\_\_\_\_
- Veteran \_\_\_\_\_

**V. Do you consider yourself disabled?**

- Yes\* \_\_\_\_\_
- No \_\_\_\_\_
- Disabled Veteran \_\_\_\_\_
- Disabled Vietnam Era Veteran (August 5, 1964 – May 7, 1976) \_\_\_\_\_

\* If you answered "yes" to any category in Section V, please answer the following two questions:

- A. My disability is \_\_\_\_\_
- B. What accommodations could we reasonably make that would enable you to perform the job properly and safely: including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.  
\_\_\_\_\_  
\_\_\_\_\_

**VI. What is your marital status? (Check One):**

- Single \_\_\_\_\_ Divorced \_\_\_\_\_
- Married \_\_\_\_\_ Separated \_\_\_\_\_
- Widowed \_\_\_\_\_ Other \_\_\_\_\_

**VII. What is your religion? (if you identify with any) \_\_\_\_\_**

**THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**



# City of Binghamton Criminal Background Check

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## City of Binghamton Release and Authorization to Conduct Criminal Conviction Background Check

In consideration of the City of Binghamton's evaluation of my suitability for employment, I, \_\_\_\_\_, do hereby authorize and agree that the City of Binghamton may perform a full  
Applicant's Name  
criminal conviction background check in order to verify the information I have provided in this regard on the City's employment application. I understand and agree that the City may obtain any criminal court documents and/or police records which may be relevant to any and all of my criminal convictions, whether or not I have listed such criminal convictions on the City's employment application. I further understand that my failure to make a full disclosure of any criminal convictions on the City's employment application or my intentionally making false statement(s) regarding any criminal convictions(s) may subject me to immediate dismissal at any time in the future.

I agree not to assert any claims or causes of action of any kind against the City of Binghamton, its officials, its agents, and/or its employees as a result of this criminal conviction background check. I further release and forever discharge the City of Binghamton, its officials, its agents, and its employees from any and all claims, demands, damages, actions, causes of action or suits or any kind of nature whatsoever arising from the City's investigation of my criminal conviction background. I acknowledge that the City of Binghamton has made no representations of any kind as to whether employment will be offered at the conclusion of this criminal conviction background check.

**You may be subject to further background checks at a later time and such information will be compared to information provided on your employment application. Any additional information may lead to termination.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FAILURE TO COMPLETE AND SIGN THIS FORM WILL DISQUALIFY YOU FROM ANY CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF BINGHAMTON.**