



City of Syracuse APPLICATION FOR EMPLOYMENT

MAIL OR DELIVER TO:

Office of Personnel & Labor Relations • City Hall • 233 E. Washington Street • Rm 312 • Syracuse, New York 13202-1476

The City of Syracuse affirmatively recruits, hires, and promotes without regard to age, marital status, race, creed, color, sex, religion, citizenship, national origin, disability, genetic predisposition or carrier status, pregnancy or sexual orientation; and actively employs Vietnam Era Veterans and disabled persons.

PERSONAL DATA (Please Print)

Name (Last, First, Middle)		
Address (Street)	(Apt. No.)	Are you a resident of the City of Syracuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
(City)	(State)	(Zip) E-Mail:
Telephone: Home () _____ Business () _____ Cell () _____		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, visa status	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please state age: _____

EMPLOYMENT DATA (Please check all that applies)

Position(s) Applied For:

Laborer _____
Driver _____
Janitor _____
Administrative _____
Clerical _____
Technical _____
Secretarial _____
Typing Speed _____
Other (list) _____

Departments(s) Applied For:

Assessment _____ Neighborhood & Bus.Dev. _____
Aviation _____ Parks & Rec. _____
Budget _____ Personnel _____
Dept. of Public Works _____ Police _____
Engineering _____ Purchasing _____
Finance _____ Research _____
Fire _____ Water _____
Information Technology _____ Other (list) _____
Law _____ All _____

Regular Full Time Summer Part-Time

If an operator's license is required for the job you have applied for, please indicate:

Type of Class _____ Expiration Date _____ I.D. # _____

Have you previously been employed by the City of Syracuse? Yes No

If yes, when? _____ Where? _____

U.S. MILITARY SERVICE

Have you ever been a member of the U.S. Military? Yes No

If yes, please complete:

Branch	Entry Date	Discharge Date	Type of Discharge	Rank

EDUCATIONAL RECORD *Attach additional sheets if more space is needed.

	Name of School	Location	Graduated yes/no	Degree Received	Major	Degree Date
High School						
College						
Graduate School						
Vocational/Technical						
Other						

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

If yes, please explain: _____

WORK HISTORY (Start with most recent position) *Attach additional sheets if more space is needed.

1	From _____ To _____ Position _____ Rate of Pay _____ Firm _____ Address _____ Hrs. Per Week _____ Supervisor _____ Duties _____ Reason For Leaving _____ _____
2	From _____ To _____ Position _____ Rate of Pay _____ Firm _____ Address _____ Hrs. Per Week _____ Supervisor _____ Duties _____ Reason For Leaving _____ _____
3	From _____ To _____ Position _____ Rate of Pay _____ Firm _____ Address _____ Hrs. Per Week _____ Supervisor _____ Duties _____ Reason For Leaving _____ _____

BACKGROUND INVESTIGATION: Applicants may be required to undergo a criminal history background investigation. Failure to pass a background investigation may result in denial of employment. Pursuant to the Syracuse Fair Employment and Licensure Ordinance (“Ordinance”), the City does not conduct criminal history background checks during the application process until after an applicant is deemed qualified for a position and such applicant has been extended a conditional offer of employment, with the exception of the following: 1.) positions in which the City is barred from hiring an individual with certain convictions; 2.) the Syracuse Police Department or any “police officer” and “peace officer” positions; and 3.) inquiries specifically authorized pursuant to applicable law. Pursuant to the Ordinance and New York State law, an applicant may not be denied employment because of a prior criminal record, unless there is a direct relationship between the offense and the employment sought or unless hiring would constitute an unreasonable risk.

DECLARATION: I declare that, subject to penalties of perjury, any statements made on or in connection with this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge are true and correct. I understand that any deliberate misrepresentation or omission of facts may be cause for voiding this application or termination of employment, unless otherwise prohibited by law. I also understand that all statements made in connection with this application are subject to verification.

APPLICANT’S SIGNATURE _____ **DATE** _____

DEPARTMENT USE ONLY: Interviewer: _____ Date: _____ Disposition: _____ Additional Information: _____
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