

PLEASE PRINT !!

FULL NAME:

LAST

FIRST

MIDDLE

ADDRESS:

& STREET

CITY & STATE

ZIP CODE

PHONE# _____ **SOCIAL SECURITY NUMBER** _____

DEPARTMENT/POSITION APPLYING FOR _____

ARE YOU UNDER 18? YES NO

DATE YOU CAN START WORK _____ **LAST DAY YOU CAN WORK** _____

OTHER OBLIGATIONS THAT MIGHT PREVENT YOU FROM WORKING _____

REFERENCES:

1. _____
2. _____
3. _____
4. _____

DEPARTMENT USE ONLY !!!

DEPARTMENT

STARTING DATE

TITLE

HOURLY RATE

EMPLOYEE #

WITHHOLDING ALLOWANCE

DATE OF BIRTH

BROOME COUNTY GOVERNMENT EMPLOYEES

Application

Broome County Department of Personnel
P.O. Box 1766
Binghamton, NY 13902
www.gobroomecounty.com

for employment

Action Taken _____
Referred to _____
Date _____

_____ Full - Time Part - Time Temporary Summer
Title of Position Applying For

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

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions, write "No" or "None" where applicable.

NAME _____ **SOC. SEC. NUMBER** _____
Last First Middle

LEGAL ADDRESS _____
Street County
City State Zip

MAILING ADDRESS _____
(If Different From Above) Street City State/Zip

PHONE NO.: HOME (_____) _____ WORK (_____) _____

(Please notify immediately of any changes.)

EDUCATION: Select last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or Universities				
Other				

EMPLOYMENT EXPERIENCE

List all permanent employment since High School. List any summer, part-time, temporary employment which includes experience that tends to qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

1.
Company Name _____
Type of Business _____
Address _____
Your Position Title _____
Supervisor's Name _____
and Title _____
Employed From (date) _____ To (date) _____
Salary - Starting _____ Final _____ Hours/Week _____
Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

2.
Company Name _____
Type of Business _____
Address _____
Your Position Title _____
Supervisor's Name _____
and Title _____
Employed From (date) _____ To (date) _____
Salary - Starting _____ Final _____ Hours/Week _____
Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

3.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Salary - Starting _____ Final _____ Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

4.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Salary - Starting _____ Final _____ Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____
