NEW YORK STATE BAR ASSOCIATION

Employment Application

The New York State Bar Association is an equal opportunity employer and is committed to ensuring a bias-free work environment for all of its employees. The Association therefore prohibits and will not tolerate any form of unlawful discrimination or harassment of Association employees based on race, color, religion, national origin, sex, sexual orientation, age, disability, veteran status, marital status, or the exercising of rights under the Family Medical Leave Act (FMLA) and any other unlawful considerations by any employee, officer, or member, and by all agents, contractors, or suppliers who do business with the Association.

PERSONAL INFORMATION

Name (Last, First, MI)		Date
Street Address	Email Address	SS#
City/State/Zip	Phone (hm) (wk)	
Emergency Contact/Phone	Are you legally authorized to work in the U.S.? ☐ Yes ☐ No	
Have you previously been employed by NYSBA? ☐ Yes ☐ No When?	Are you related to anyone at NYSBA? ☐ Yes ☐ No Who?	
Position Applied For	Date Available	

EMPLOYMENT HISTORY (list your last three employers starting with the most recent)

Date Employed From: To:	Name of Company
Street Address	Phone
City/State/Zip	Annual Salary
Title/Duties	Reason for leaving
Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ No

NYSBA

EMPLOYMENT HISTORY CONTINUED (list your last three employers starting with the most recent)

Date Employed From: To:	Name of Company
Street Address	Phone
City/State/Zip	Annual Salary
Title/Duties	Reason for leaving
Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ No

EMPLOYMENT HISTORY CONTINUED (list your last three employers starting with the most recent)

Date Employed From: To:	Name of Company
Street Address	Phone
City/State/Zip	Annual Salary
Title/Duties	Reason for leaving
Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ No

EDUCATION

High School	City/State/Zip	Yr. Grad.	Degree/Major
Trade School or College	City/State/Zip	Yr. Grad.	Degree/Major
Graduate School	City/State/Zip	Yr. Grad.	Degree/Major

MILITARY SERVICE INFORMATION

Are you a Veteran of the United States Military Service? ☐ Yes ☐ No
If yes, Date Entered: _____ Date Discharged: _____
If yes, please describe any special skills or training acquired while in the service:

COMPUTER SKILLS

Please check all computer skills with which you are proficient (any version):

- ☐ PC User
- ☐ iMIS
- ☐ Microsoft Word
- ☐ Photoshop
- ☐ Microsoft Excel
- ☐ Windows
- ☐ Desk Top Publishing
- ☐ Other, please list:
- ☐ Power Point
- ☐ Microsoft Outlook
- ☐ Web Design / Maintenance

GENERAL INFORMATION

Do you hold a professional license?
☐ Yes ☐ No Registration No._____

Has your professional license been revoked in the past?
☐ Yes ☐ No Please explain:

Have you ever attended school or worked for an employer under a different name?
☐ Yes ☐ No Please explain:

Were you discharged or asked to resign from any position?
☐ Yes ☐ No Please explain:

Have you ever been convicted of a criminal offense?
☐ Yes ☐ No Please explain:

Is there any reason you cannot perform the essential functions of the position applied for?
☐ Yes ☐ No

Other relevant information (i.e. professional awards, community involvement, skills, etc.):

The Association may verify driver license information for those employees with access to company vehicles.

License No._____ State_____ Exp. Date_____

REFERENCES (list three business references who are not related to you)

Name	Title/Company	Phone	Yrs. Known
Name	Title/Company	Phone	Yrs. Known
Name	Title/Company	Phone	Yrs. Known

This application is not a contract of employment between The New York State Bar Association and any person, nor does it give any person the right to continue in the employment of the Association for any specified period of time. **All employees are employees-at-will** and are free to resign or be terminated at any time.

I, except as noted above, authorize the Association to contact any former employer, references, and other sources in order to verify the facts furnished regarding my character and qualifications. I hereby release any such persons from liability of any nature in connection with the furnishing of such information.

The Association is hereby authorized to make any investigation of my personal history, educational background, Military record, motor vehicle record, criminal record and/or credit history. I authorize the release of this information by the appropriate agency. This authorization, in original or copy form, shall be valid for this and any future reports and updates that may be required.

I affirm that I have read the above information and have answered all questions completely and accurately. **I understand that my omission or falsifications of information on this application or any resume will be cause for dismissal at any time after employment.**

Signature_____ Date_____

NYSBA

NEW YORK STATE BAR ASSOCIATION

HUMAN RESOURCES DEPARTMENT

One Elk Street

Albany, NY 12207

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