

## 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	
City/State/Zip	Phone (hm) (wk)	
Emergency Contact/Phone	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously been employed by NYSBA? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	Are you related to anyone at NYSBA? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Position Applied For	Date Available	
Willing to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings	Desired Salary	

**EMPLOYMENT HISTORY** Please provide your complete work history. If additional space is needed please request an additional form. If any employment was through a temporary staffing service, please list the name, address, and phone number for that agency, not the company of your temporary assignment.

Date Employed From (mm-yy): To (mm-yy):	Name of Company	
Street Address	Phone	
City/State/Zip	Ending Salary/Hourly Rate: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Title	Reason for leaving	
Duties		
Supervisor Name/Phone	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	



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

Date Employed From (mm-yy):                      To (mm-yy):		Name of Company	
Street Address		Phone	
City/State/Zip		Ending Salary/Hourly Rate: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Title		Reason for leaving	
Duties			
Supervisor Name/Phone		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, why?	

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

Date Employed From (mm-yy):                      To (mm-yy):		Name of Company	
Street Address		Phone	
City/State/Zip		Ending Salary/Hourly Rate: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Title		Reason for leaving	
Duties			
Supervisor Name/Phone		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, why?	

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Microsoft Outlook     | <input type="checkbox"/> Windows – Versions _____   | <input type="checkbox"/> Photoshop |
| <input type="checkbox"/> Microsoft Word        | <input type="checkbox"/> Web Design/CMS: _____      | <input type="checkbox"/> IMIS      |
| <input type="checkbox"/> Microsoft Excel       | <input type="checkbox"/> Desk Top Publishing: _____ |                                    |
| <input type="checkbox"/> Microsoft Power Point | <input type="checkbox"/> Other, please list: _____  |                                    |

## 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:

Please explain any gaps in employment:

Were you discharged or asked to resign from any position?

- Yes  No Please explain:

Have you ever been convicted of, pled guilty to or pled no contest to a felony or misdemeanor?

- Yes  No Please explain:

*If yes, please give details including date(s), offense(s), disposition(s) and location(s) where offense(s) occurred. The NYSBA will not deny employment to any applicant solely because the person has been convicted of a crime, the NYSBA may, however consider if the nature, date and circumstances of the offense is relevant to the duties of the position for which the applicant is being considered.*

How much time have you lost from work during the past 12 months?

Are you able to lift 50 lbs unassisted?

- Yes  No

Are you able to work overtime?

- 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 \_\_\_\_\_

Have you been convicted of any moving violations in the last 5 years?

- Yes  No Please explain:

**REFERENCES** Please list three business references who are not related to you. By providing reference information, you are giving NYSBA permission to contact the people listed for a reference.

Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:
Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:
Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:

**Please read the following carefully before signing this application.**

- The statements set forth above are true and complete. I authorize the NYSBA to obtain information about me from previous employers, including relevant facts and opinions about my work and work habits, and I release from liability or responsibility all persons or entities requesting or supplying such information. I release the NYSBA from liability for considering, relying on, or taking into account information it receives from such persons or entities.
- I expressly authorize any educational institutions that I have attended to provide transcripts and degree status. I release from liability or responsibility all persons or entities requesting or supplying such information. I release the NYSBA from liability for considering, relying on or taking into account information it receives from such persons or entities.
- I understand that discriminatory practices against applicants or employees previously convicted of one or more criminal offenses are prohibited. The NYSBA will not deny employment or act adversely in relation to employment regarding such individuals, unless (a) there is a direct relationship between a criminal offense and the position to be held by the applicant or currently held by the employee; or (b) granting employment or other employment-related opportunity would involve unreasonable risk to the NYSBA property or the safety or well-being of employees or the general public.
- I understand that any false information or significant omissions on this application may disqualify me from further consideration for employment, and that if employed, false information or significant omissions on this application shall be grounds for immediate termination of employment.
- If employed by the NYSBA, I agree to adhere to company policies and procedures, although I understand that my agreement to do so does not create a contract of employment between myself and the NYSBA. I further understand that if hired by the NYSBA, my employment is not for a specific duration and may be terminated by me or the NYSBA at any time for any reason, or for no reason whatsoever, with or without cause to the fullest extent allowed by law.
- All NYSBA employees are "at will" employees to the fullest extent allowed by law. No statements made in the NYSBA handbook or in any policy or guideline documents create a contractual promise from the NYSBA to its employees.
- I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment offer or contract between the NYSBA and me.
- I understand that no supervisor, manager or director of the NYSBA, other than the Executive Director, has the authority to alter the foregoing and only a written contract signed by the Executive Director may modify the NYSBA's at-will employment policy.
- By signing this application I indicate my understanding of the above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

List three things that are important to you in a work environment:		
1.	2.	3.
List three characteristics that best describe you:		
1.	2.	3.
How did you learn about this position?		
<input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral <input type="checkbox"/> Internet Posting <input type="checkbox"/> NYSBA Website <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Other _____		



NEW YORK STATE BAR ASSOCIATION  
**HUMAN RESOURCES DEPARTMENT**  
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NEW YORK CORRECTION LAW  
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.





## Affirmative Action Data: Self-Identification Compliance Form

Name (please print): \_\_\_\_\_  
(Last) (First) (Middle Initial)

The New York State Bar Association is an Equal Opportunity/Equal Access/Affirmative Action employer and complies with all federal and state regulations. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, gender, age, national origin, marital or domestic violence victim status, military status, veteran status, sexual orientation, disability, genetic disposition or carrier status, or any other category protect by law.

The NYSBA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the NYSBA invites you to voluntarily self-identify your race, ethnicity, disability, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The only information obtained will be kept confidential and will only be used in accordance with the provisions on applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please indicate the categories in which you should be reported.

### ETHNICITY (select one):

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

### RACE (select all that apply):

- American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African America** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**VETERAN STATUS** (select all that apply):

- I am not a veteran
- I am a veteran

If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your most recent discharge date (mm/dd/yyyy) as specified on your most recent DD214: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a veteran, please select one or more categories below that apply to you:

- Disabled Veteran**

A Disabled Veteran is 1.) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran's Affairs, or 2.) was discharged or released from active duty because of a service-connected disability.

- Other Protected Veteran**

An Other Protected Veteran is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please see <http://www.opm.gov/veterans/html/vgmedal2.asp>.

- Armed Forces Service Medal Veteran**

An Armed Forces Service Medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

- Veteran – Not included in Above Categories**

**DISABLED STATUS** (select one):

- Not Disabled
- Disabled

The Americans with Disabilities Act guides the NYSBA in defining a person with a disability as a person who 1.) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2.) has a record of such impairment, or 3.) is regarded as having such impairment.

The information I have provided to the NYSBA is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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