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
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
Willing to Work ☐ Full Time ☐ Part Time ☐ Evenings	Desired Salary

EMPLOYMENT HISTORY

Please provide your complete work history. If additional space is needed please request an additional form. If any emplyment 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	Started Salary/Hourly Rate: Ending Salary/Hourly Rate:
Title	Reason for leaving
Duties	
Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ No If no, why?

NYSBA

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	Started Salary/Hourly Rate: Ending Salary/Hourly Rate:
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Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ No If no, why?

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

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City/State/Zip	Started Salary/Hourly Rate: Ending Salary/Hourly Rate:
Title	Reason for leaving
Duties	
Supervisor Name/Phone	May we contact your employer? ☐ Yes ☐ 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? ☐ 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):

- ☐ Microsoft Outlook
- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Microsoft Power Point
- ☐ Windows – Versions _____
- ☐ Web Design/CMS: _____
- ☐ Desk Top Publishing: _____
- ☐ Other, please list: _____
- ☐ Photoshop
- ☐ IMIS

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) occured. 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: Company:	Title/Company: Professional Relationship:	Phone: Years Known:
Name: Company:	Title/Company: Professional Relationship:	Phone: Years Known:
Name: Company:	Title/Company: Professional Relationship:	Phone: 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 desribe you:		
1.	2.	3.
How did you learn about this position?		
☐ Walk-In ☐ Employee Referral ☐ Internet Posting ☐ NYSBA Website ☐ Print Advertisement ☐ Other _____		

NEW YORK STATE BAR ASSOCIATION
HUMAN RESOURCES DEPARTMENT
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