

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

EMPLOYMENT APPLICATION

INSTRUCTIONS: To ensure your application receives a complete review and fair consideration, you must not leave any parts of this application blank. A resume may not be substituted in whole or part for any section of this form.

POSITION APPLIED FOR: _____

NAME:	Last	First	Middle
ADDRESS:	Street	City	State Zip
PHONE:	Home ()	Business ()	
SOCIAL SECURITY NUMBER:			

IF YOU ARE HIRED, YOU WILL BE REQUIRED TO ESTABLISH BOTH IDENTITY AND EMPLOYMENT AUTHORIZATION WITHIN THREE (3) DAYS OF STARTING WORK.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. ARE YOU 18 YEARS OF AGE OR OLDER? IF NOT, STATE YOUR AGE: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HAVE YOU EVER BEEN CONVICTED OF A CRIME? (<i>Felony or Misdemeanor</i>) The commission of a crime will not result in automatic denial of employment. If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HAVE YOU EVER BEEN DISMISSED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU EVER FAILED PROBATION WITH ANY OTHER STATE AGENCY?
If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DID YOU EVER RESIGN FROM EMPLOYMENT RATHER THAN FACE DISMISSAL?
If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU RECEIVED A DISHONORABLE DISCHARGE FROM MILITARY SERVICE?
If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. HAVE YOU EVER BEEN FOUND TO HAVE VIOLATED A LOCAL OR STATE LAW, RULE OR REGULATION RELATED TO ETHICS? If yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |



AN EQUAL OPPORTUNITY EMPLOYER

New York State Law prohibits discrimination because of race, creed, color, national origin, gender, age, physical disability, genetic predisposition, sexual orientation, military status or marital status.

CIVIL SERVICE

YES

NO

Have you ever worked for the State of New York in a position not listed on this application?

If yes, please provide agency, title and dates of employment: _____

REFERENCES

GIVE THREE (3) REFERENCES (including at least one supervisor). DO NOT LIST RELATIVES OR EMPLOYEES OF THE TEACHERS' RETIREMENT SYSTEM.

NAME	ADDRESS	BUSINESS PHONE	HOME PHONE	RELATIONSHIP

LIST BELOW ANY RELATIVES EMPLOYED BY THE TEACHERS' RETIREMENT SYSTEM:

NAME	RELATIONSHIP	NAME	RELATIONSHIP

EDUCATIONAL HISTORY

NAME OF SCHOOL	ATTENDANCE		WERE YOU GRADUATED?	DEGREE	MAJOR	CREDIT HOURS
	FROM	TO				
HIGH SCHOOL						
COLLEGE						
GRADUATE STUDY						

PROFESSIONAL LICENSES AND CERTIFICATIONS

TYPE	LICENSE/CERT. NUMBER	ISSUING AGENCY	DATE GRANTED	DATE EXPIRES

How did you hear about our agency/vacancy?

EMPLOYMENT HISTORY

Begin with your most recent employment and work backward consecutively. Do not substitute resume.

Length of Employment From: Mo. Yr. To: Mo. Yr.	Employer	Address	City, State and Phone Number
Total: Yrs. Mos.	Type of Business	Your Title (If State, list Civil Service title)	Name and title of your Supervisor
Latest Annual Earnings	DUTIES: Describe major functions personally performed by you.		
Total hours per week			
Reason for seeking other employment or leaving			
SUPERVISORY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, how many supervised: _____</i>			
Length of Employment From: Mo. Yr. To: Mo. Yr.	Employer	Address	City, State and Phone Number
Total: Yrs. Mos.	Type of Business	Your Title (If State, list Civil Service title)	Name and title of your Supervisor
Latest Annual Earnings	DUTIES: Describe major functions personally performed by you.		
Total hours per week			
Reason for seeking other employment or leaving			
SUPERVISORY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, how many supervised: _____</i>			
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Total hours per week			
Reason for seeking other employment or leaving			
SUPERVISORY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, how many supervised: _____</i>			
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Total hours per week			
Reason for seeking other employment or leaving			
SUPERVISORY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, how many supervised: _____</i>			

A background check will be performed as a condition of employment.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that statements made on this application, including any attached papers, are true. I understand that a false statement or omission could cause my dismissal from employment resulting therefrom.

Signature of Applicant

Date

Indicate any other name, assumed name or nickname necessary to check your work or education record.

Return to: NYSTRS, Human Resources, 10 Corporate Woods Drive, Albany, NY 12211-2395