



### Education

Do you have a high school diploma?  Yes  No      Name and Location of High School: \_\_\_\_\_

Or a High School Equivalency (GED) Diploma?  Yes  No

### College/University

| Name of School and City in which located | Dates of attendance<br>(Month/Year)<br>From To | Type of Course<br>of Major | Number of College<br>Credits Received | Did you<br>Graduate? | Type of degree<br>received? | Date Degree<br>Received or<br>Expected |
|--|--|----------------------------|---------------------------------------|----------------------|-----------------------------|--|
|  |  |                            |                                       |                      |                             |  |
|  |  |                            |                                       |                      |                             |  |

**College Transcripts** (omit if not applicable)

Is transcript submitted herewith?       Is transcript on file with Albany County Civil Service?       Is College to forward transcript?

### Professional Schools, Residencies, Military Service Schools, Other Schools

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Do you have a license, certificate, or other authorization to practice a trade or profession?  Yes  No

Name of trade or profession \_\_\_\_\_ Granted by (Licensing agency) \_\_\_\_\_ State of \_\_\_\_\_

**Initial date of Licensure** \_\_\_\_\_ **License #** \_\_\_\_\_ **Currently Licensed** From: Mo.      Yr.      To: Mo.      Yr.

**EXPERIENCE:** Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. **Begin with your most recent employment and work backward consecutively to your first one.** Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

| Length of Employment<br>From: Mo.      Yr.      To: Mo.      Yr. | Name of Employer | Address | City and State |
|--|------------------|---------|----------------|
|--|------------------|---------|----------------|

| Paid?<br>Yes / No | # of hours/week | Type of business | Title | Name and title of Supervisor |
|-------------------|-----------------|------------------|-------|------------------------------|
|-------------------|-----------------|------------------|-------|------------------------------|

Describe duties:

|  |                     |
|--|---------------------|
|  | Reason for Leaving: |
|--|---------------------|

| Length of Employment<br>From: Mo.      Yr.      To: Mo.      Yr. | Name of Employer | Address | City and State |
|--|------------------|---------|----------------|
|--|------------------|---------|----------------|

| Paid?<br>Yes / No | # of hours/week | Type of business | Title | Name and title of Supervisor |
|-------------------|-----------------|------------------|-------|------------------------------|
|-------------------|-----------------|------------------|-------|------------------------------|

Describe duties:

|  |                     |
|--|---------------------|
|  | Reason for Leaving: |
|--|---------------------|

| Length of Employment<br>From: Mo.      Yr.      To: Mo.      Yr. | Name of Employer | Address | City and State |
|--|------------------|---------|----------------|
|--|------------------|---------|----------------|

| Paid?<br>Yes / No | # of hours/week | Type of business | Title | Name and title of Supervisor |
|-------------------|-----------------|------------------|-------|------------------------------|
|-------------------|-----------------|------------------|-------|------------------------------|

Describe duties:

|  |                     |
|--|---------------------|
|  | Reason for Leaving: |
|--|---------------------|

**IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE**

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