

Name _____ Date _____

Social Security No.

The social security number will be used to verify eligibility for employment for those positions that require prior service with New York State. Failure to provide your social security number at the time of application will not disqualify you from consideration, but you will be required to provide it before any offer of employment can be made. Your social security number will not be given to the public, or appear on any form or information request.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you are providing on this application is being requested for the principal purpose of determining eligibility for initial and continued employment. The information may also be used in administering employee benefit programs and will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

Annual Salaried Positions

The information will be maintained by the Director of Personnel, Office of Parks, Recreation and Historic Preservation, Albany, New York 12238, (518) 474-0453.

Hourly Wage (Temporary/Seasonal) Positions

The information will be maintained by the Regional Director (or his or her designee) in the region(s) where you are applying for employment.

BACKGROUND/REFERENCE CHECK AND RELEASE FORM

Please provide the name and contact information for three references:

1. Name _____

Day Phone _____

E-Mail Address _____

Address _____

2. Name _____

Day Phone _____

E-Mail Address _____

Address _____

3. Name _____

Day Phone _____

E-Mail Address _____

Address _____

I, _____, hereby authorize the
(Print Name Here)

New York Office of Parks, Recreation and Historic Preservation to make such investigations and inquires of my employment and background as may be necessary in arriving at an employment decision. I hereby release those designated as references from all liability in responding to inquiries in connection with my application.

Signature _____

Date _____

THIS APPLICATION WILL BE KEPT ACTIVE FOR ONE YEAR. AFTER THAT, YOU MUST REAPPLY.
DO NOT WRITE BELOW

INTERVIEWER'S COMMENTS:

The following section to be completed ONLY after hire

Item No. _____	Title _____	Location _____	Date of Hire _____
D.O.B. _____	Driver's License No. _____	Class _____	Expires _____
License Restrictions/Convictions _____		E.C. _____	Initial Appointment Date (if previously employed with OPRHP) _____
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of NYS Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
to _____ Dates of Service			

NOTIFY IN CASE OF EMERGENCY

Name _____ Address _____

Day Phone _____ Evening Phone _____

PLEASE CHECK OFF WHICH FORMS ARE ATTACHED

- | | | |
|--|---|--|
| <input type="checkbox"/> I-9 | <input type="checkbox"/> W-4 | <input type="checkbox"/> Retirement System Application/Declination |
| <input type="checkbox"/> Working Papers (if necessary) | <input type="checkbox"/> IT2104 | <input type="checkbox"/> Designation of Beneficiary (if Declining) |
| <input type="checkbox"/> Dual Employment (if working for another state agency) | <input type="checkbox"/> Health Insurance Forms | <input type="checkbox"/> Retirement No. _____ |
| <input type="checkbox"/> Military Statement (Forward DD-214) | <input type="checkbox"/> Oath of Office Card | <input type="checkbox"/> Holiday Waiver Form |

Date _____

Signed _____

Title _____