



Dulles State Office Building • 317 Washington Street, Suite 414 • Watertown, New York 13601 • Telephone (315) 661-3200 • Telefax (315) 661-3201 • TDD (800) 662-1220

**WATER QUALITY DIVISION**  
 Warneck Pump Station  
 23557 NYS Route 37  
 Watertown, New York 13601

Telephone (315) 661-3210  
 Telefax (315) 661-3211  
 Emergency Telephone (315) 786-4000

**TELECOMMUNICATIONS DIVISION**  
 Dulles State Office Building  
 317 Washington Street, Suite 406  
 Watertown, New York 13601

Telephone (315) 661-3200  
 Telefax (315) 661-3201  
 Emergency Telephone (866) 669-3262

**SOLID WASTE DIVISION**  
 Solid Waste Management Facility  
 23400 NYS Route 177  
 Rodman, New York 13682

Telephone (315) 661-3230  
 Telefax (315) 661-3231

**ENGINEERING DIVISION**  
 Warneck Pump Station  
 23557 NYS Route 37  
 Watertown, New York 13601

Telephone (315) 661-3210  
 Telefax (315) 661-6211



## Application for Employment

**The Development Authority of the North Country is an Equal Opportunity Employer** and does not discriminate against otherwise qualified applicants based on race, color, creed, religion, sex, sexual preference, national origin, age, marital status, disability, or veteran's status and requires affirmative action in the employment of women, minorities, handicapped individuals, disabled veterans and veterans of the Vietnam Era.

A description of the Development Authority of the North Country's affirmative action program is available upon request.

The Development Authority of the North Country is also an At-Will Employer. At-Will Employment means you can leave the Authority at any time, and the Authority can terminate your employment at any time, for any reason.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment thoroughly, even if you have also provided us with a resume. We will review your qualifications and will make every effort to reach a decision as quickly as possible.

**BE SURE YOU READ ALL INSTRUCTIONS CAREFULLY, COMPLETE ALL PAGES OF THIS APPLICATION, AND SIGN YOUR NAME ON PAGE 5. FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY DISQUALIFY YOU FOR CONSIDERATION.**

### 1. PERSONAL DATA (Please Print or Type)

LAST NAME			FIRST NAME			MIDDLE INITIAL							
Present Mailing/Street Address						Permanent Street Address (if different)							
City			State		Zip Code		City			State		Zip Code	
Present Telephone No. (Area Code/Number)						Permanent Telephone No. (Area Code/Number)							
Present Cell phone No. (Area Code/Number)						Email address							

### 2. EMPLOYABILITY

<p>Do you have a legal right to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If offered employment, you will be required to provide documentation to that establishes your identity and employment authorization.</p>
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### 3. LICENSES

Do you have a current valid motor vehicle operator's license?  Yes  No

If yes, circle class: A B C D Issued by what state? \_\_\_\_\_ Endorsements? \_\_\_\_\_

License No. \_\_\_\_\_ Valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have applied for a license, but it has not yet been issued, give date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. MILITARY SERVICE

Did you ever receive a discharge from the armed forces of the United States which was other than "Honorable" or which was issued under other than Honorable circumstances?  Yes  No

If Yes, give details in the "Remarks" section (#10) of this form.

**Proof of military service will be required upon employment**

### 5. CRIMINAL CONVICTIONS

Have you ever pleaded guilty to or have been convicted of a crime?  Yes  No

If Yes, give details in the "Remarks" section (#10) of this form; show for each offense: (1) date, (2) charge of which you were convicted, (3) place, (4) court, (5) action taken.

**A conviction does not automatically mean you cannot be appointed. What you are convicted of, and how long ago, are important. Give all the facts so that a decision can be made.**

### 6. MEDICAL

Do you agree to take a medical examination if required?  Yes  No

Do you agree to substance abuse screening if required?  Yes  No

If you answer No, give details in the "Remarks" section (#10) of this form.

## 7. YOUR JOB INTERESTS

<b>POSITION APPLIED FOR</b>	<b>TYPE OF WORK DESIRED</b>	<b>SALARY DESIRED</b> \$ _____ Per _____
<p>In many jobs, one or more of the following conditions are required, and inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform:</p> <p>a. Shift work? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p>b. Overtime work? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p>c. A rotational work schedule? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p>d. A work schedule that includes Saturday &amp; Sunday? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p>e. A work schedule that includes travel? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p>On what date would you be available to begin work? _____</p> <p>Please check box(es) below indicating the type of employment for which you are applying:</p>		
<input type="checkbox"/> REGULAR FULL-TIME EMPLOYMENT	<input type="checkbox"/> TEMPORARY / PART-TIME EMPLOYMENT	

## 8. EDUCATION

TYPE	NAME/LOCATION	DID YOU GRADUATE	DIPLOMA/ DEGREE	COURSE OF STUDY
<b>HIGH SCHOOL</b>				
<b>EQUIVALENCY PROGRAM (GED)</b>	Date Received _____			
<b>VOCATIONAL OR TECHNICAL SCHOOLS</b>				
<b>COLLEGES OR UNIVERSITIES</b>				
<b>ADVANCED STUDIES</b>				
<b>OTHER TRAINING OR MILITARY SCHOOLS</b>				
<b>SPECIAL SKILLS OR TRAINING (IF APPLICABLE):</b>				

**9. EMPLOYMENT EXPERIENCE** Please complete all appropriate items.

Resume Attached

Please list your job history starting with your most recent position. Include any periods in which you weren't employed. Include U.S. Military experience (show rank/rate at discharge), summer/part-time jobs, and cooperative assignments.			
Current Employer Name		Street Address	
City	State	Zip Code	Telephone (Area Code/Number)
Starting Position Title		Current Position Title	Supervisor's Name / Title
Starting Date Mo.          Yr.	Leaving Date Mo.          Yr.	Starting Salary \$	Final Salary \$
May we contact your present employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, when?			
Explain reason for leaving:			
Please describe your responsibilities and/or accomplishments:			

Employer Name		Street Address	
City	State	Zip Code	Telephone (Area Code/Number)
Starting Position Title		Ending Position Title	Supervisor's Name / Title
Starting Date Mo.          Yr.	Leaving Date Mo.          Yr.	Starting Salary \$	Final Salary \$
Explain reason for leaving:			
Please describe your responsibilities and/or accomplishments:			

Employer Name		Street Address	
City	State	Zip Code	Telephone (Area Code/Number)
Starting Position Title		Ending Position Title	Supervisor's Name / Title
Starting Date Mo.          Yr.	Leaving Date Mo.          Yr.	Starting Salary \$	Final Salary \$
Explain reason for leaving:			
Please describe your responsibilities and/or accomplishments:			

## 10. GENERAL INFORMATION

### REMARKS:


## 11. PERSONAL PRIVACY PROTECTION LAW

The information you submit on this application will be used to determine your qualifications for employment, and will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may affect your employment status.

## 12. PRE-EMPLOYMENT SCREENING AUTHORIZATION

I hereby authorize the Development Authority of the North Country to conduct a pre-employment screening and authorize any former or present employer, credit bureau, military records center and school to provide the Development Authority with any and all information, including, but not limited to, information as to your character, habits, work, ability, and / or claims, liabilities or damage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 13. AFFIRMATION

I affirm that all statements made by me on this form, including attached documents, are true and correct to the best of my knowledge. I understand that falsification or omission of information is cause for dismissal from employment.

I further understand that the Development Authority of the North Country is an At-Will Employer. At-Will Employment means I can leave the Authority at any time, and the Authority can terminate my employment at any time, for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_