



# EMPLOYMENT APPLICATION

**Municipal Civil Service Commission**

City Hall, Government Plaza  
38 Hawley Street, 4<sup>th</sup> Floor  
Binghamton, NY 13901

<http://www.binghamton-ny.gov>

*Federal, State and Local laws prohibit discrimination in employment because of race, color, religion, national origin, sex, age, disability, marital status, criminal record, sexual orientation or veteran status.*

**OFFICE ONLY**

Action Taken \_\_\_\_\_

Referred To \_\_\_\_\_

Date \_\_\_\_\_

**DIRECTIONS:** Please answer all questions completely. An incomplete application may result in disqualification. A resume may not be substituted. Applications can be printed, filled out, and signed OR electronically filled in, printed, and signed (electronic signature is acceptable). Applications can either be mailed, placed in the "Personnel" drop-box located in City Hall lobby, or emailed to [personnel@cityofbinghamton.com](mailto:personnel@cityofbinghamton.com).

Position for which you are applying: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

1. Do you live within the City of Binghamton? \_\_\_\_ YES \_\_\_\_ NO
  - a. If you do not live in the City of Binghamton, are you willing to relocate? \_\_\_\_ YES \_\_\_\_ NO
2. Do you live within Broome County? \_\_\_\_ YES \_\_\_\_ NO
3. Are you legally eligible for employment in the USA? \_\_\_\_ Yes \_\_\_\_ No
4. If a NYS motor vehicle is required for a position, which license do you presently possess (please circle below):  
Class A B C D E  
If you possess a C.D.L. license, which class: \_\_\_\_\_
5. Check appropriate answer for each question:
  - A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? \_\_\_\_ YES \_\_\_\_ NO
  - B. Did you ever resign from any employment rather than face dismissal? \_\_\_\_ YES \_\_\_\_ NO
  - C. Have you ever been convicted of any crime? \_\_\_\_ YES \_\_\_\_ NO
  - D. Are you now under charges for any crime? \_\_\_\_ YES \_\_\_\_ NO

*If you answered "YES" to any of the questions in #5, give specifics under REMARKS on the second page of this application. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.*

6. Veteran of the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No Dates: \_\_\_\_\_ Branch \_\_\_\_\_

7. EDUCATION: Please state highest grade completed: \_\_\_\_\_

*THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY EMPLOYER WITH A COMMITMENT TO WORKFORCE DIVERSIFICATION.*

Name & Location	Grad? Y or N	Course of Study Degree & Date	# Credits Completed
HIGH SCHOOL OR GED			
COLLEGE			
OTHER SCHOOLS OR SPECIAL COURSES			

**8. EMPLOYMENT**

You must complete this section whether or not you submit a resume. Describe any employment that qualifies you for the position sought. If more space is needed, attach additional sheets. All statements are subject to verification.

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES AND WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I AFFIRM THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHED PAPERS) ARE TRUE UNDER THE PENALTIES OF PERJURY. FALSE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR DISMISSAL.**

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

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# City of Binghamton Criminal Background Check

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City of Binghamton  
Release and Authorization to Conduct  
Criminal Conviction Background Check

In consideration of the City of Binghamton's evaluation of my suitability for employment, I, \_\_\_\_\_, do hereby authorize and agree that the City of Binghamton may perform a full criminal conviction background check in order to verify the information I have provided in this regard on the City's employment or exam application. I understand and agree that the City may obtain any criminal court documents and/or police records which may be relevant to any and all of my criminal convictions, whether or not I have listed such criminal convictions on the City's employment or exam application. I further understand that my failure to make a full disclosure of any criminal convictions as requested on the City's employment or exam application or my intentionally making false statement(s) regarding any criminal convictions(s) may subject me to immediate dismissal at any time in the future.

I agree not to assert any claims or causes of action of any kind against the City of Binghamton, its officials, its agents, and/or its employees as a result of this criminal conviction background check. I further release and forever discharge the City of Binghamton, its officials, its agents, and its employees from any and all claims, demands, damages, actions, causes of action or suits or any kind of nature whatsoever arising from the City's investigation of my criminal conviction background. I acknowledge that the City of Binghamton has made no representations of any kind as to whether employment will be offered at the conclusion of this criminal conviction background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FAILURE TO COMPLETE AND SIGN THIS FORM WILL DISQUALIFY YOU FROM ANY  
CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF BINGHAMTON.**

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TO WORKFORCE DIVERSIFICATION.***

## School Crossing Guard Personnel Profile Sheet

**Name:**

\_\_\_\_\_

**Telephone:**

Home

Cell

**List any previous names you have been known by:**

\_\_\_\_\_

\_\_\_\_\_

**List addresses for the past 10 years, listing current address first (attach additional sheets if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driver's license (or Government Issued ID):**

State of Issuance/Organization: \_\_\_\_\_

License/ID Number: \_\_\_\_\_

License Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Vehicle Information:**

Make

Model

Color

Registration #

State

If more than one vehicle, please provide additional information below:

Make

Model

Color

Registration #

State

Make

Model

Color

Registration #

State

**Have you ever been employed by any other law enforcement agency? If yes, please state the following:**

Name of agency: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_