

## Hourly Position Supplement Form

Your name: \_\_\_\_\_  
(PLEASE PRINT YOUR NAME)

Primary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

The most common hourly positions within the Department are for Tax information Aides. These positions generally answer incoming telephone calls to elicit information from callers. Generally, these positions are full-time, Monday – Friday, 7.5 hour work days, typically 9:00AM – 5:00PM or 8:30AM – 4:30PM. On occasion, the Department may need to fill **Laborer** or **Clerical Support** positions.

### I am interested in:

Call Center Representative     Clerical Support     Laborer\*

Full-Time     Part-Time (50%)

### Indicate your level of education:

High School     Some College     Associate's Degree     Bachelor's Degree or higher

Degree/Coursework: \_\_\_\_\_

### Indicate your level of computer and software knowledge/experience:

None     Basic     Intermediate     Proficient    Typing Speed, if known  wpm

### Briefly describe any customer service skills that you have gained from past employment:

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

If you are fluent in language(s) other than English, and are willing to use that skill in the course of your employment, please provide language(s) here: \_\_\_\_\_

**Preferred Work Hours:**    Monday – Friday  8:30AM – 4:30PM     9:00AM – 5:00PM  
Sunday-Thursday  9:00AM – 5:00PM

**Preferred Work locations:**     Albany Campus     Latham – Wade Rd     Schenectady/Rotterdam  
(Call Center Only)     Albany Campus  
(Call Center Only)

### How did you hear of this job opportunity:

Family/Friend Referral    State Jobs NY Website    Recruitment Event – Specify    Other-Specify

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When would you be available to start if hired? \_\_\_\_\_

If you possess other skills that you believe are relevant for this position, please list them here: \_\_\_\_\_

Do you have a family member or direct personal relationship with a Department employee?  yes  no

If yes, please provide the name(s): \_\_\_\_\_

\*For Laborer positions: I am willing and able to perform medium to heavy physical labor (ie, lifting 40 lbs) with or without reasonable accommodation.  yes  no

Do you possess a valid NYS Drivers License?  yes  no    Do you possess a CDL?  yes  no

Return completed form to:    New York State Department of Taxation & Finance, OHRM Personnel Unit  
W.A. Harriman State Office Campus, Bldg. 9 Room 256  
Albany, New York 12227

# Applicant History

(to be prepared by candidate)

New York State Law prohibits discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, genetic predisposition, carrier status, or arrest records unless based upon a bona fide occupational qualification or other exception. If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, such as having a job coach and/or sign language interpreter present during the interview, email [tax.sm.reasonable.accommodations@tax.ny.gov](mailto:tax.sm.reasonable.accommodations@tax.ny.gov).

### Personal history (see Privacy notification below)

Last name		First name		Initial	Social security number
Street address					Telephone number(s)
					Work: (    )
City	State	ZIP code	E-mail		Home: (    )

Please answer the following questions by placing a checkmark (✓) in the appropriate box. You are cautioned that knowingly providing a false answer or omitting information may prevent your appointment or cause its cancellation.

**1** (a) Are you a citizen of the United States?.....  Yes  No

(b) If not, do you have the legal right to accept employment in the United States?.....  Yes  No

(c) Will you now or in the future require sponsorship for an employment visa (e.g. H-1B visa status)?.....  Yes  No

**2** If under age 18, do you have working papers?.....  Yes  No

**3** (a) Did you serve in active duty with the armed forces of the United States, other than active duty for training purposes, during one or more of the following Time of War periods:.....  Yes  No

In the armed forces:

- Aug 2, 1990, to the date when the Persian Gulf hostilities ends;
- Dec 22, 1961, to May 7, 1975;
- June 27, 1950, to Jan. 31, 1955;
- Dec. 7, 1941, to Dec. 31, 1946; **or**

earned the armed forces, navy, or marine corps expeditionary medal for service in:

- Panama (Dec. 20, 1989, to Jan. 31, 1990);
- Lebanon (June 1, 1983, to Dec. 1, 1987);
- Grenada (Oct. 23, 1983, to Nov. 21, 1983); **or**

in the U.S. Public Health Service:

- June 26, 1950, to July 3, 1952;
- July 29, 1945, to Sept. 2, 1945.

**3** (b) Are you certified by the Veterans' Administration as a disabled veteran?.....  Yes  No

**4** Do you have a valid motor vehicle operator's license?.....  Yes  No  
If Yes: enter issuing State:\_\_\_\_ and License #: \_\_\_\_\_

**5** Are you an exempt volunteer firefighter?.....  Yes  No

**6** (a) Have you ever worked for New York State? .....  Yes  No  
If Yes, complete below and see *Interviewer/candidate, please note below.*

Department	Dates (from - to)	Titles	Status*

\* (P) Permanent (CP) Contingent permanent (T) Temporary (PR) Provisional

(b) Is information about a name change, use of an assumed name or nickname necessary to conduct a check on your work record?.....  Yes  No

If Yes, explain \_\_\_\_\_

(c) Were you a member of the NYS Retirement System?  Yes  No  
If Yes, give Retirement System Number: \_\_\_\_\_

**Interviewer/candidate, please note:** Candidates with prior permanent or contingent permanent state service may be eligible for reinstatement depending on title. This should be discussed at the time of interview because a candidate who accepts a list appointment cannot be reinstated to his or her previous title.

**Privacy notification —** The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Article 3 of the New York State Retirement and Social Security Law; Articles 8 and 22 of the New York State Tax Law; 26 USC 6109(d) and 26 CFR 301.6109-1(b); and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information to help determine eligibility for initial and continued employment, for administrative record keeping and identification, to administer employee benefit programs, to properly account for applicable federal and state taxes, and for any other purpose authorized by law.

Failure to provide the required information may hinder or prevent your employment or retention as an employee and may, as far as withholding of federal and state taxes is concerned, subject you to civil or criminal penalties, or both.

This information is maintained by the Director of the Office of Human Resource Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227-0921; telephone (518) 457-2900.

### Education and training history

*(Attach additional sheets if necessary to give your complete background.)*

Yes  No

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate?

If you have a New York State High School Equivalency Diploma (GED), please provide: Number \_\_\_\_\_

Additional education	Name of school and location	Attended (month/year)		Number of years credited	Did you graduate?	Major subject	College credits	Degree received
		From	To					
College, university, or technical school								
Other schools or special courses								

### Employment history

**Note:** Begin with your most recent employment and be sure to include any employment with New York State. List all previous employment. Attach additional sheets if necessary. A resume is not a substitute for completing this section.

Dates (month/year)	Employer's name	Job title and duties
From:	Street address	
To:	City State ZIP code	
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number
Dates (month/year)	Employer's name	Job title and duties
From:	Street address	
To:	City State ZIP code	
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number
Dates (month/year)	Employer's name	Job title and duties
From:	Street address	
To:	City State ZIP code	
Number of hours worked per week	Reason for leaving	Supervisor's name and telephone number

I understand that knowingly making a false written statement on this application or any attachment is punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law. If appointed, the penalty may be dismissal from the New York State Department of Taxation and Finance. I agree to and accept this condition of employment, and I hereby certify that all statements made by me on this application or any attachments are, to the best of my knowledge, true and complete. Appointment to many positions in State government require candidates to undergo an investigative screening. This may include a thorough character investigation, a Federal Bureau of Investigation Criminal Record History Check, or other similar procedures. Candidates entering state government may be fingerprinted and may be required to pay any necessary fees for that procedure. The investigative findings may bar appointment or result in removal after appointment depending on the criminal convictions discovered, the falsified or omitted information revealed, and the nature of the job.

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