

NEW YORK STATE BAR ASSOCIATION

Employment Application

The New York State Bar Association is an equal opportunity employer and is committed to ensuring a bias-free work environment for all of its employees. The Association therefore prohibits and will not tolerate any form of unlawful discrimination or harassment of Association employees based on race, color, religion, national origin, sex, sexual orientation, age, disability, veteran status, marital status, or the exercising of rights under the Family Medical Leave Act (FMLA) and any other unlawful considerations by any employee, officer, or member, and by all agents, contractors, or suppliers who do business with the Association.

PERSONAL INFORMATION

Name (Last, First, MI)		Date	
Street Address		Email Address	
City/State/Zip		Phone (hm)	(wk)
Emergency Contact/Phone		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously been employed by NYSBA? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Are you related to anyone at NYSBA? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? Relation:	
Position Applied For		Date Available	
Willing to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings		Salary Requirements:	

EDUCATION

High School	City/State/Zip	Yr. Grad.	Degree/Major
Trade School or College	City/State/Zip	Yr. Grad.	Degree/Major
Graduate School	City/State/Zip	Yr. Grad.	Degree/Major

MILITARY SERVICE INFORMATION

Are you a Veteran of the United States Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Date Entered: _____ Date Discharged: _____
If yes, please describe any special skills or training acquired while in the service:



EMPLOYMENT HISTORY

Please provide your complete work history, starting with the most recent. If additional space is needed please request an additional form. If any employment was through a temporary staffing service, please list the name, address, and phone number for that agency, not the company of your temporary assignment.

Date Employed From (mm-yy): To (mm-yy):		Name of Company	
Street Address		Phone	
City/State/Zip		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Title		Reason for leaving	
Duties			
Supervisor Name/Phone		Is there any reason why we should not contact this employer?	

Date Employed From (mm-yy): To (mm-yy):		Name of Company	
Street Address		Phone	
City/State/Zip		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
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COMPUTER SKILLS

Please list all computer skills in which you are proficient:

Operating Systems (e.g. Microsoft 365, Google Workspace): _____

Office Suites (e.g. MS Office, GSuite): _____

Presentation Software (e.g. PowerPoint): _____

Spreadsheets (e.g. Excel, Google Spreadsheets): _____

Communication and Collaboration (e.g. MS Teams, Zoom, Ring Central): _____

Accounting (e.g. Quickbooks, Great Plains, Concur): _____

Social Media (e.g. Facebook, Twitter, LinkedIn): _____

CMS or AMS (e.g. Salesforce, IMIS, Fonteva): _____

Project Management (e.g. Basecamp, Smartsheet): _____

Reporting Tools (e.g. PowerBi, Apsona): _____

GENERAL INFORMATION

Do you hold a professional license?

☐ Yes ☐ No Registration No. _____

Has your professional license been revoked in the past?

☐ Yes ☐ No Please explain: _____

Please explain any gaps in employment: _____

Were you discharged or asked to resign from any position?

☐ Yes ☐ No Please explain: _____

Have you ever been convicted of, pled guilty to or pled no contest to a felony or misdemeanor?

☐ Yes ☐ No Please explain: _____

If yes, please give details including date(s), offense(s), disposition(s) and location(s) where offense(s) occurred. The NYSBA will not deny employment to any applicant solely because the person has been convicted of a crime, the NYSBA may, however consider if the nature, date and circumstances of the offense is relevant to the duties of the position for which the applicant is being considered.

How much time have you lost from work during the past 12 months? _____

Are you able to lift 50 lbs unassisted?

☐ Yes ☐ No

Are you able to work overtime?

☐ Yes ☐ No

Other relevant information (i.e. professional awards, community involvement, skills, etc.): _____

The Association may verify driver license information for those employees with access to company vehicles.

License No. _____ State _____ Exp. Date _____

Have you been convicted of any moving violations in the last 5 years?

☐ Yes ☐ No Please explain: _____

REFERENCES Please list three business references who are not related to you. By providing reference information, you are giving NYSBA permission to contact the people listed for a reference.

Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:
Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:
Name:	Title/Company:	Phone:
Company:	Professional Relationship:	Years Known:

Please read the following carefully before signing this application.

- The statements set forth above are true and complete. I authorize the NYSBA to obtain information about me from previous employers, including relevant facts and opinions about my work and work habits, and I release from liability or responsibility all persons or entities requesting or supplying such information. I release the NYSBA from liability for considering, relying on, or taking into account information it receives from such persons or entities.
- I expressly authorize any educational institutions that I have attended to provide transcripts and degree status. I release from liability or responsibility all persons or entities requesting or supplying such information. I release the NYSBA from liability for considering, relying on or taking into account information it receives from such persons or entities.
- I understand that discriminatory practices against applicants or employees previously convicted of one or more criminal offenses are prohibited. The NYSBA will not deny employment or act adversely in relation to employment regarding such individuals, unless (a) there is a direct relationship between a criminal offense and the position to be held by the applicant or currently held by the employee; or (b) granting employment or other employment-related opportunity would involve unreasonable risk to the NYSBA property or the safety or well-being of employees or the general public.
- I understand that any false information or significant omissions on this application may disqualify me from further consideration for employment, and that if employed, false information or significant omissions on this application shall be grounds for immediate termination of employment.
- If employed by the NYSBA, I agree to adhere to company policies and procedures, although I understand that my agreement to do so does not create a contract of employment between myself and the NYSBA. I further understand that if hired by the NYSBA, my employment is not for a specific duration and may be terminated by me or the NYSBA at any time for any reason, or for no reason whatsoever, with or without cause to the fullest extent allowed by law.
- All NYSBA employees are "at will" employees to the fullest extent allowed by law. No statements made in the NYSBA handbook or in any policy or guideline documents create a contractual promise from the NYSBA to its employees.
- I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment offer or contract between the NYSBA and me.
- I understand that the NYSBA mandates the COVID-19 vaccine for all employees. Exceptions to the COVID-19 vaccine requirement may be provided to individuals for strongly held religious beliefs or medical reasons.
- By signing this application I indicate my understanding of the above.

Signature _____ Date _____

List three things that are important to you in a work environment:		
1.	2.	3.
List three characteristics that best describe you:		
1.	2.	3.
How did you learn about this position?		
<input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral <input type="checkbox"/> Internet Posting <input type="checkbox"/> NYSBA Website <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Other _____		



NEW YORK STATE BAR ASSOCIATION
HUMAN RESOURCES DEPARTMENT
 One Elk Street, Albany, NY 12207
 HR@nysba.org
 518.463.3200

EMPLOYMENT HISTORY (continued)

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City/State/Zip		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
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AFFIRMATIVE ACTION DATA: SELF-IDENTIFICATION COMPLIANCE FORM EQUAL EMPLOYMENT OPPORTUNITY (EEO-1)

The New York State Bar Association is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the NYSBA invites you to voluntarily self-identify your race, ethnicity, disability, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and will only be used in accordance with the provisions on applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government.

NAME

(please print): _____
(Last) (First) (Middle Initial)

GENDER

- (select one): ☐ **Male**
☐ **Female**
☐ **Non-Binary**

ETHNICITY

- (select one): ☐ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
☐ **Not Hispanic or Latino**

RACE

(select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| <input type="checkbox"/> Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Black or African America | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

VETERAN STATUS

(select all that apply):

☐ I am not a veteran

☐ I am a veteran

If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your most recent discharge date (mm/dd/yyyy) as specified on your most recent DD214: ____/____/____

If you are a veteran, please select one or more categories below that apply to you:

☐ **Disabled Veteran**

A Disabled Veteran is 1.) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran's Affairs, or 2.) was discharged or released from active duty because of service-connected disability.

☐ **Other Protected Veteran**

An Other Protected Veteran is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please see: <http://www.opm.gov/veterans/html/vgmedal2.asp>.

☐ **Armed Forces Service Medal Veteran**

An Armed Forces Service Medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

☐ **Veteran – Not included in Above Categories**

DISABILITY STATUS

(select one):

☐ **Not Disabled**

☐ **Disabled**

The Americans with Disabilities Act guides the NYSBA in defining a person with a disability as a person who 1.) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2.) has a record of such impairment, or 3.) is regarded as having such impairment.

SIGNATURE

The information I have provided to the NYSBA is true and complete to the best of my knowledge.

Name: _____

Date: ____/____/____