



**EDUCATION**

NAME OF ELEMENTARY SCHOOL: \_\_\_\_\_ YEARS COMPLETED (THROUGH 8<sup>TH</sup> GRADE): \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ YEARS COMPLETED (THROUGH 12<sup>TH</sup> GRADE): \_\_\_\_\_

NAME OF COLLEGE(s) (if applicable): \_\_\_\_\_ DEGREE(s): \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

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

**PERSONAL REFERENCES (do not use relatives nor former employers):**

NAME ADDRESS PHONE

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

NAME ADDRESS PHONE

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NAME ADDRESS PHONE

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NAME ADDRESS PHONE

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**PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION.**

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

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for employment as may be necessary in arriving at an employment decision. This includes contacting references and past employers. In the event of employment, I understand that false or misleading information provided in this application may result in discharge.

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

*Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at [info@goer.ny.gov](mailto:info@goer.ny.gov).*

**ORDA is an Affirmative Action / Equal Opportunity Employer**