



New York State Storm Recovery Opportunities for Employment Application Instructions



How to Apply

1. **Download** and complete the [New York State Storm Recovery Opportunities for Employment Form](#) and [Section 3 Employee Self-Affirmation Form](#). Both are in PDF format.
2. **Save** each [Form](#) to your computer (right-click, and select "Save As...") **as soon as you have completed it**. Do not leave the page or close your browser before you have saved the [Forms](#), or all information will be lost. You may also complete each [Form](#) manually and scan your documents into PDF format.
3. **Email** the [NY State Storm Recovery Opportunities for Employment Form](#) and [Section 3 Employee Self-Affirmation Form](#) to the following address:
nystormrecoveryopps@mckissack.com
4. **Attach** your cover letter, résumé, certifications and any other documents you feel are necessary. All documents **MUST** be in PDF format. (*Note: Most word processors including Microsoft Word and Google Drive Docs have the option to save as PDF*)
5. You will receive an email confirmation that your application has been submitted.

Please be sure to complete both forms as fully as possible, and **DOUBLE CHECK** your contact information so that we can connect with you for an interview, etc. Incomplete applications may be discarded or otherwise not considered.

We thank you in advance for your application.



New York State Storm Recovery Opportunities for Employment



APPLICANT INFORMATION

Last Name		First Name		M.I.	Date	
Street Address			Apartment/Unit#			
City		State		Zip Code		
Phone		Email Address				
Date Available		Union	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local Union	
Trade(s)						
Are you a citizen of the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, are you authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when?		
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain		

PREVIOUS EMPLOYMENT

Company		Phone		
Address		Supervisor		
Trade		Union Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Responsibilities				
From		To	Reason for Leaving	
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company		Phone		
Address		Supervisor		
Trade		Union Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Responsibilities				
From		To	Reason for Leaving	
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company		Phone		
Address		Supervisor		
Trade		Union Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Responsibilities				
From		To	Reason for Leaving	
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

Please select highest level of education completed.

<input type="checkbox"/> None	<input type="checkbox"/> High School	<input type="checkbox"/> GED	<input type="checkbox"/> Trade School	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Masters Degree
Name of Education Institution						
Awards or Commendations						

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable discharge, explain					

CERTIFICATIONS*Please indicate any certifications or licenses you have obtained.*

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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