

1 Applicant *Required for all applications.*

Last Name	First Name	Middle Initial
Social Security No.	Date of Birth (m/d/y)	
Business Name	Business Telephone	
Business Address		
City	State	Zip
E-Mail		Mobile Telephone
License Type: <input type="checkbox"/> Civil Servant Electrician		

2 Applicant Statements and Signatures *Required for all applications.*

I hereby state that all information submitted is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. I understand that it is a crime to offer or give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

Name (print)	Notarization (required if not licensee) State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

3 Relevant Employment History (continued) *Begin with most recent history. Attach additional pages if required.*

Employer's Name	Business Telephone
Address	
City	State Zip
E-Mail	Mobile Telephone
Start Date (m/d/y)	End Date (m/d/y)
<i>Provide work location if different from above:</i>	
Address	
City	State Zip
Your Title/Position	
Responsibilities	

ADMINISTRATIVE USE ONLY <i>Do not write in this section.</i>	
Date received: _____	Reviewed by: _____
Comments: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

3 Relevant Employment History (continued) *Begin with most recent history. Attach additional pages if required.*

Employer's Name			Business Telephone	
Address				
City	State	Zip	Mobile Telephone	
E-Mail				
Start Date (m/d/y)		End Date (m/d/y)		

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		

Employer's Name			Business Telephone	
Address				
City	State	Zip	Mobile Telephone	
E-Mail				
Start Date (m/d/y)		End Date (m/d/y)		

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		

Employer's Name			Business Telephone	
Address				
City	State	Zip	Mobile Telephone	
E-Mail				
Start Date (m/d/y)		End Date (m/d/y)		

Provide work location if different from above:

Address		
City	State	Zip
Your Title/Position		
Responsibilities		