

Vehicle and Traffic Blood Alcohol Analyst Certification Program Personnel Questionnaire

PRIVACY NOTICE

Section 94 (1) (d) of the New York Public Officers Law requires this notice to be provided when collecting personal information from individuals.

Information may be furnished directly or in summary or statistical form to any New York State, local or federal government agency having statutory authority to obtain same. Information stipulated by New York State Freedom of Information Law will be furnished to the public or others as authorized by the Department of Health Records Access Officer.

Each individual has the right to review personal information maintained by the agency, unless exempted by law.

Please Print Clearly in Black Ink. See Back Page for Instructions.

REASON FOR COMPLETING THIS FORM: <input type="checkbox"/> New Employee <input type="checkbox"/> New Position <input type="checkbox"/> Other	
Name (Last, First, Middle):	Present Employer- Name and Address:
Address:	Employment:
	<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="text"/> hrs/week <input type="checkbox"/> Call
Position(s) Currently Held:	
<input type="checkbox"/> Director <input type="checkbox"/> Technician <input type="checkbox"/> Other (Specify Below)	
<input type="checkbox"/> Supervisor <input type="checkbox"/> Technologist _____	

EDUCATION:

Enter information about the college or university attended in the following section.

Name and Address of Academic Institution(s)	Attended				Major	Degree, Diploma, or Certificate Earned
	From		To			
	Month	Year	Month	Year		

(Note: Verification of degree, diploma, or certificate and/or transcript of grades may be requested)

LABORATORY EXPERIENCE AND TRAINING:

Complete the following section on your training and employment history. Begin with your current position. Any gaps in employment will be assumed to be non-laboratory work periods. Attach additional sheets if necessary.

Name and Address of Laboratory or Institution	Period Employed				Position Held	Full or Part Time
	From		To			
	Month	Year	Month	Year		

(Note: Verification of previous employment may be requested)

ACKNOWLEDGMENT:

I declare and affirm that the statements made in this application, including any accompanying information, are true, complete and correct.

Signature of Applicant

Date

Signature of Laboratory Director

Date

Name of Director (Please Print)

New York State Department of Health
Vehicle and Traffic Blood Alcohol Analyst Certification Program
Clinical Chemistry and Hematology Laboratory
Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, NY 12201-0509

Personnel Questionnaire Instructions

1. This form should be completed by each new employee and sent to the address on the letterhead above. In addition, whenever an employee changes job title (i.e. from technologist to supervisor) and updated form must be completed. A copy of the completed form and supporting documentation should be kept on file in the laboratory.
2. All laboratory personnel must have on file in the laboratory documentation which supports the New York State requirement under which you wish to qualify; i.e., college transcripts, letters from previous employers, etc.
3. Respiratory therapists, nurses, or other health care workers should indicate on page one the position which represents their function relevant to the laboratory; i.e. technician, technologist, etc.
4. All questionnaires must be signed by the applicant and laboratory director.