Form ACS-21, (09/13)

Albany County Civil Service
112 State Street, Room 900
Albany, New York 12207

www.albanycounty.com

APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____
Title and Exam Number of Position applying for

This application is part of your examination. Answer all questions fully and carefully in ink or in typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1.SOCIAL SECURITY NUMBER:

- -

2. FULL NAME AND ADDRESS

Last Name First Name M.I.

Mailing Address

City State Zip Code

2a. RESIDENT STREET ADDRESS(if different from above):

2b. PHONE NUMBER (include area code):

Home Other Specify (work, cell, etc.)

2c. E-MAIL:

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

City or Village:
Town:
County:
State:
Name of School District:

4. CITIZENSHIP & AGE

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

☐ Yes ☐ No

(Non-citizens may be required to produce Alien Registration Card at time of appointment)

Are you under 18? ☐ Yes ☐ No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo. Day Year

5. Are you taking exams with <u>NYS State or any other County, Town or City</u> that are being held on the same date as the exam(s) you are applying for with Albany County?

☐ Yes ☐ No

If yes, please attach the Cross-file Application and list all examinations. This can be found on our website.

6. Are you requesting special testing accommodation(s), such as:

1. **For a disability?** ☐ Yes ☐ No
2. **An alternate test date?** ☐ Yes ☐ No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

A. Were you ever dismissed or discharged from any Employment for reasons other than lack of work or funds? ☐ Yes ☐ No

B. Did you ever resign from any employment rather than face dismissal? ☐ Yes ☐ No

C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable", or which was issued under other than honorable circumstances? ☐ Yes ☐ No

D. Have you ever been convicted of any crime (felony, misdemeanor)? ☐ Yes ☐ No

E. Are you now under charges for any crime? ☐ Yes ☐ No

If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

8. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

☐ Yes, ☐ No

If your answer is "yes" please go to item 9.

9. VETERAN'S CREDITS

Do you claim additional credits as an honorably discharged war veteran?

☐ Yes, as a Non-disabled war veteran

☐ Yes, as a Disabled war veteran

☐ No

If the answer is yes then see form ACS-21a (page 3)

If a motor vehicle license is required for the position for which you are applying, please give the following:

Chauffeur ☐ Operator ☐

Class: Date of Expiration: Number:

LEAVE THIS SPACE BLANK

Exam Number

Approved by

Date Received

Pending

Fee $

Disapproved by

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of applicant Date

State any other names by which you have been known

Education

Do you have a high school diploma? ☐ Yes ☐ No Name and Location of High School:

Or a High School Equivalency (GED) Diploma? ☐ Yes ☐ No

College/University

Name of School and City in which located	Dates of attendance (Month/Year) From To	Type of Course of Major	Number of College Credits Received	Did you Graduate?	Type of degree received?	Date Degree Received or Expected

College Transcripts (omit if not applicable)

Is transcript submitted herewith? ☐ Is transcript on file with Albany County Civil Service? ☐ Is College to forward transcript? ☐

Professional Schools, Residencies, Military Service Schools, Other Schools

Do you have a license, certificate, or other authorization to practice a trade or profession? ☐ Yes ☐ No

Name of trade or profession _____ Granted by (Licensing agency) _____ State of _____.

Initial date of Licensure _____ **Currently Licensed** From: Mo. Yr. To: Mo. Yr.

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. **Begin with your most recent employment and work backward consecutively to your first one.** Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

Length of Employment **From:** Mo. Yr. **To:** Mo. Yr.	Name of Employer	Address	City and State

Earnings $	# of hours/week	Type of business	Title	Name and title of Supervisor

Describe duties:

Reason for Leaving:

Length of Employment **From:** Mo. Yr. **To:** Mo. Yr.	Name of Employer	Address	City and State

Earnings $	# of hours/week	Type of business	Title	Name and title of Supervisor

Describe duties:

Reason for Leaving:

Length of Employment **From:** Mo. Yr. **To:** Mo. Yr.	Name of Employer	Address	City and State

Earnings $	# of hours/week	Type of business	Title	Name and title of Supervisor

Describe duties:

Reason for Leaving:

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

ADDITIONAL CREDITS FOR VETERANS AND CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY

INSTRUCTIONS AND INFORMATION

*****If you are claiming additional credits as a disabled or non-disabled war veteran, you must submit a copy of your separation papers (DD214) within two months of the last filing date for examination.**

A. VETERANS' CREDITS

Have you used your veterans' credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951?

☐ **Yes** ☐ **No**

*****If you answer yes, you cannot use veterans' credits again (NYS Civil Service Law §85.4).**

VETERANS' CREDITS: For the purpose of claiming veterans' credits on a civil service examination, an applicant must have been honorably discharged or released under honorable circumstances after serving on active duty with the armed forces of the United States during time of war.

- Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points, respectively, (5 and 2.5 points in the case of promotional examinations) added to their earned scores, and provided they have not previously used such credits to obtain permanent appointment or promotion. Veterans may determine to waive the use of their credits at any time up to the time of permanent appointment or promotion.
- Veterans who are eligible for additional credit must submit a copy of their separation papers (DD-214) within two (2) months of the last filing date for the examination. Veterans' credits can only be added to a passing score on the examination.
- Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be conditionally granted veterans' credits in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. **No credit may be granted after the establishment of the list**. It is the responsibility of the candidate to provide appropriate documentary proof indicating that the service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including veterans' credits.

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.
Discharged veterans are required to submit a copy of their DD-214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rate at 10% or more) incurred during time of hostile action or war.

☐ Are you claiming credits as a veteran? ☐ As a Disabled Veteran? ☐ Active service member?

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

	FROM MO/YR	TO MO/YR
☐ World War II:	December7, 1941	December 31, 1946
☐ US Public Health Service:	July 29, 1945	September 2, 1945
☐ Korean Conflict:	June 27, 1950	January 31, 1955
☐ US Public Health Service:	June 26, 1950	July 3, 1952
☐ Vietnam Conflict:	February 28, 1961	May 7, 1975
☐ Hostilities in Lebanon***:	June 1, 1983	December 1, 1987***
☐ Hostilities in Grenada***:	October 23, 1983	November 21, 1983***
☐ Hostilities in Panama***:	December 20, 1989	January 31, 1990***
☐ Persian Gulf Conflict:	August 2, 1990	( )
☐ Active Duty:		

***For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

B. ADDITIONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY:

In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police office killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

_____ _____

Signature of applicant applying for extra credit Date