

APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____ Title and 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) 2c. E-Mail

Home Other Specify (work, cell, etc.)

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/ districts in which you are a legal resident and have been for at least 30 days prior to the examination date.

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

4. CITIZENSHIP & AGE

If you are applying for a position with a posted age or a citizenship requirement please complete the following:

Are you a citizen of the United States?
 Yes, by birth Yes, by naturalization No, not a citizen
DOB ____/____/_____

These questions are required by Civil Service Law. By agreement with the Commission for Human Rights, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parents or husband, submit proof to this department in person, or send proof by registered mail. Your documents will be returned by registered mail.

5. Are you applying with other civil service commissions for examinations that are being held on the same date?

Yes No

If yes, please attach the Crossfile Application and list all examinations.

6. Are you requesting special testing accommodations (such as for a disability or 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.

LEAVE THIS SPACE BLANK

Exam Number _____ Application _____

Date Received _____ Approved By _____

Fee \$ _____ Disapproved By _____

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 or violation, including traffic infractions)? Yes No

E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation, including traffic infractions)? Yes No

F. Are you now under charges for any crime (felony, misdemeanor or violation, including traffic infractions)? Yes No

If you answered "YES" to any of questions 7 A-F above, you must give specifics. (Attach additional 8 1/2" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. 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 give full particulars on Form ACC14-S1.

Date of entry into active service ____/____/_____

Date of discharge ____/____/_____

Service serial number _____

9. VETERANS 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 you are claiming additional credits as a war veteran, you must submit a copy of your separation papers within two months of the last filing date for examination. (DD214)

10. Have you ever taken any other examinations given by Civil Service?

Yes, please give titles and dates

No

Title _____ Date _____

Title _____ Date _____

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 name by which you have been known _____

Are you 18 years of age or older? Yes No

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

Or a High School Equivalency (GED) Diploma? Yes No Issuing Governmental Authority _____ Document Number _____

College / University

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

Professional Schools, Residencies, Military Service Schools, Other Schools

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

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

Name of trade or profession _____ Granted by (Licensing agency) _____ City or State of _____
Licensed: From _____ To _____

Have you any loans made or guaranteed by the New York State Higher Education Services Corporation; which are currently outstanding? yes No
If so, are you presently in default on any such loan? Yes No

College Transcripts (omit if not applicable) Is transcript submitted herewith? <input type="checkbox"/> Yes <input type="checkbox"/> No Is transcript on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is College to forward transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No	If a motor vehicle license is required for the position for which you are applying, please give the following: Chauffeur <input type="checkbox"/> Operator <input type="checkbox"/> Class _____ Date of Expiration _____ Number _____
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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
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Earnings \$	# of hours/ week	Type of business	Your Exact Title	Name and title of Supervisor	Phone number
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Describe duties below:

Reason for Leaving _____

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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Earnings \$	# of hours/ week	Type of business	Your Exact Title	Name and title of Supervisor	Phone number
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Describe duties below:

Reason for Leaving _____

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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Earnings \$	# of hours/ week	Type of business	Your Exact Title	Name and title of Supervisor	Phone number
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Describe duties below:

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 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, 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.

