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Exam No.

Date Received

Fee \$

CIVIL SERVICE COMMISSION
112 STATE STREET
ROOM 650
ALBANY, NEW YORK 12207

APPLICATION FOR EXAMINATION OR EMPLOYMENT

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Number

APPLICATION

Approved by

Disapproved by

Insert above, Title of Position applying for

Will accept appointment in:

- City County Town Village School District

This application is part of your examination. Answer all questions fully and carefully in ink or on 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.

Social Security Number

1. FULL NAME

Last Name

First Name

Initial

Street Address, or R.D.

Post Office

State

Zip Code

2. Phone Number (include area code)

Home

Business

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION

3. RESIDENCE

Fill in names of the city or village, town, county, state, school & District # of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

City or Village	NAME OF	YEARS	MONTHS
Town			
County			
State			
School District No.			
Name of School District			

CITIZENSHIP & AGE (For Police Officers & Firefighters)
Are you a citizen of the United States?

Check one box.

- (A) Yes, by birth. (B) Yes, by naturalization. (C) No, not a citizen.

(D) Date of Birth

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 parent or husband, submit proof to this department in person, or send proof by registered mail. Your documents will be returned by registered mail.

Have you any objection to this department making inquiry regarding your character and qualifications from

- (A) Your former employers? (A) Yes No
- (B) Your present employer? (B) Yes No

If answer is "Yes" to either (a) or (b) explain.

- (A) Have you ever been convicted of a crime (felony or misdemeanor)? (A) Yes No
- (B) Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? (B) Yes No
- (C) Are you now under charges for any crime? (C) Yes No

If answer to any question is "Yes" give full particulars on additional sheet.

7. SERVICE IN ARMED FORCES

(A) Have you ever served in the armed forces of the U.S.? (A) Yes No

(B) If "Yes", have you ever received a discharge from such forces which was other than honorable? (B) Yes No

If answer is "Yes", give full particulars on additional sheet.

(C) Date of entry into active service (C) Month Day Year

(D) Date of discharge (D)

(E) Service serial number (E)

8. VETERANS CREDITS

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

- (A) Yes, as a Non-disabled war veteran (A)
- (B) Yes, as a Disabled war veteran (B)
- (C) No (C)

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. (DD 214)

9. Were you ever dismissed from any public employment for disciplinary reasons?

Yes No

If answer is "Yes", give full particulars.

10. Have you a license, certificate, or other authorization to practice a trade or profession?

Yes No

Name of trade or profession

Granted by (Licensing agency)

City or State of

Licensed: From To

11. Have you ever taken any other examinations given by this commission? If "Yes", give titles and dates.

Yes No

Titles of Examinations

Dates

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

12. EDUCATION: (if more space is required for full explanation attach additional sheets above this line.)

Type of School	Name of School and Location	Date of Attendance (Month and Year)		No. of Years Completed	Were You Graduated?	Circle highest school year completed in Grammar, Junior High, or High School																
		From	To			Day or Night	Full or Part Time	Type of Course or Major Subject	1	2	3	4	5	6	7	8	9	10	11	12		
Grammar																						
Junior High																						
High School																						
College, University, Professional or Technical School																						
Other Schools or Special Courses																						

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

13. College Transcripts (Omit if not applicable)
 (a) Is transcript submitted herewith? Yes No
 (b) Is college to forward transcript? Yes No

14. If a motor vehicle license is required for the position for which you are applying, give the following:
 Chauffeur Operator
 Class _____
 Number _____ Date of expiration _____

15. 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 war service. Begin with you most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work State size and kind of working force, if any, supervised by you and extend of such supervision.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			