



EMPLOYMENT APPLICATION

1. All applicants must be 18 years of age or over and submit proof of age (i.e. Birth Certificate).
2. All information requested by Sanitary District No. 7 must be received by the District before applicant can be approved for employment.

PERSONAL INFORMATION

1. _____		
Print Last Name	First Name	Social Security Number
2. _____	_____	_____
Address	Town	State Zip Code
3. _____	_____	
Phone Number,	In Case of Emergency Call	
4. _____	_____	_____
Date of Birth	Height	Weight Blood Type
5. _____	_____	
Do you have a New York State Drivers License?	If yes - Class Type	

EMPLOYMENT INFORMATION

6. _____		
Date you can start	Previously employed here as seasonal?	If yes - Date
7. _____	_____	
Referred by		

EDUCATION

8. _____			
High School Name	Location	Years attended	Date graduated
9. _____	_____	_____	_____
College, Tech, School attending	Location	Date admitted	Year in school

MEDICAL REQUIREMENTS: Before any applicant is employed by this District, a certificate from a medical doctor will be required as to the fitness of the applicant.

10. _____	
Additional Remarks	Doctor's Note received on

PHYSICAL INFORMATION

11. _____
List any physical limitation

REFERENCE

12. List below the names of three persons not related to you, whom you have known at least one year:

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Note: Applicants will remain on file through the above calendar year only.

Signature

Date

**CONFIDENTIAL SUPPLEMENT
TO EMPLOYMENT APPLICATION**

**NASSAU COUNTY CIVIL SERVICE COMMISSION
40 MAIN STREET, HEMPSTEAD, N.Y. 11550**

Your application cannot be processed by the Civil Service Commission until this form has been received.
All questions must be answered or application will not be processed. Complete this form and attach to your application form (CSX-1).
PRINT IN INK OR TYPE
PHOTOCOPY/FAX NOT ACCEPTABLE

21. Name (Last,First,Initial)
Social Security Number: ____ / ____ / ____
22. Title of position: _____ Agency: _____
23. Date of Birth: ____ / ____ / ____ Month Day Year

24. We require the following information in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment application.
A. <u>Race/Ethnicity:</u>
1. <input type="checkbox"/> White (not of Hispanic origin)
2. <input type="checkbox"/> Black (not of Hispanic origin)
3. <input type="checkbox"/> Hispanic (regardless of race)
4. <input type="checkbox"/> Other
B. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

25. **RETIREMENT INFORMATION:** (If you answer "yes" explain under #20)
Are you receiving retirement benefits from New York State or from any local government or jurisdiction in New York State? Yes No
26. **CITIZENSHIP:** (Proof of citizenship or alien status may be required)
a) Are you a citizen of the United States? Yes No
b) If you are not a citizen of the U.S., please list Alien Registration Number _____
27. **PHYSICALLY DISABLED**
Will you need assistance in taking physical examination?
(Please indicate assistance required on separate sheet of paper) Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION

Applicant's Name (Please Print): _____

Applicant's Social Security Number: _____

All Last Names By Which Applicant Has Been Known (Please Print): _____

I hereby authorize the release of the following records to the Nassau County Civil Service Commission: Employment; Education; Motor Vehicle; Armed Services; Credit; Criminal; Probation/Parole; Tax; Student Loan.
This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.
On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.
I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my background, experience, and qualifications for the position(s) of employment which I am seeking and my merit and fitness for public service, and I hereby authorize such release and disclosure.
I understand that nothing contained in this authorization shall be deemed or construed to limit or prohibit the Nassau County Civil Service Commission from obtaining information and/or documents which are a matter of public record.

Applicant's Signature: _____ Date: _____

A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL THEREOF
NOTICE

The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §50(3), Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information will be maintained by the Nassau County Civil Service Commission and will be utilized to determine whether the applicant possesses the requisite background, experience, and qualifications for the position(s) he/she is seeking and his/her merit and fitness for public service. This information will be utilized in accordance with relevant State and Federal laws. Failure to provide this information may result in your being disqualified from taking the examination, or after examination, from being certified from the eligible list or appointed to the position sought.

NOTE: SEE MEDICAL RELEASE (OVER) – REQUIRED FOR ALL COUNTY POSITIONS & ANY POLICE OFFICER POSITION

NASSAU COUNTY CIVIL SERVICE COMMISSION
 40 MAIN STREET, HEMPSTEAD, N.Y. 11550
 EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EXAMINATION OR EMPLOYMENT
 (FOR EXAMINATION - USE FOR ONLY ONE DATE -MAXIMUM OF 3 EXAMS)

ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

PRINT IN INK OR TYPE

PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You must notify this Commission immediately - in writing - of any change of name or address.)

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS				
POST OFFICE	STATE	ZIP		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) - EXPLAIN UNDER #20				

2. TELEPHONE NO. HOME () - BUSINESS ()

3. SOCIAL SECURITY NO. / /

4. DO YOU POSSESS A VALID N.Y. STATE MOTOR VEHICLE LICENSE?
 YES NO If "YES" indicate class: _____

IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.

5. HAVE YOU EVER APPLIED FOR ANY EXAMINATIONS ADMINISTERED BY THE NASSAU COUNTY CIVIL SERVICE COMMISSION?
 YES NO (If "YES" give details under No. 20)

6. RESIDENCE (PROOF MAY BE REQUIRED)

List here your actual, permanent, legal address, for the last five years, including the dates (month and year) that you lived there. Consult official announcement to ensure that you meet any residency requirements before filing.

CITY OR VILLAGE	TOWN	COUNTY	STATE	FROM Mo./Yr.	TO Mo./Yr.
					Present

(A) Exam No. _____, Title _____
 (B) Exam No. _____, Title _____
 (C) Exam No. _____, Title _____

APPLICANTS - DO NOT WRITE IN THIS BOX

(A) Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Cond <input type="checkbox"/>	by: / /
(B) Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Cond <input type="checkbox"/>	by: / /
(C) Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Cond <input type="checkbox"/>	by: / /

Fee Paid	AM'T	P.A. #	REC'D. BY	VETERANS CREDITS	SPECIAL ARRANGEMENTS
CK/MO #					

("YES" answers to the following questions must be explained under number 20)

7. Do you object to this commission making inquiry about your character and qualifications from your present employer? Yes No
8. Have you ever had a drivers license suspended or revoked? Yes No
9. Have you received any summons for traffic violations within the past three years? Yes No
10. Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? Yes No
11. Are there any criminal charges pending against you at this time? Yes No
12. Were you ever dismissed from employment for reasons other than reduction in staff? Yes No

NOTE: IF YOU WERE EVER FINGERPRINTED OR INVESTIGATED BY THIS COMMISSION, YOU MUST GIVE DETAILS (DATE AND POSITION APPLIED FOR) UNDER # 20

13. DO YOU HAVE A LICENSE OR CERTIFICATE TO PRACTICE A TRADE OR PROFESSION: (If Yes, and if required for this position/exam, you must attach a photocopy) Yes No

14. EDUCATION:
 Note: If special coursework is required for this position/exam, you must give details (Title, date completed, school/agency attended, etc.) under question # 20.

- A. Do you have a High School or Equivalency Diploma?
 Yes - Name & Location of H.S. or issuing authority _____
 No - indicate grade completed _____
- B. Was proof ever submitted to this office? Yes No

NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.

Type of School	Name and Location	Dates Attended From (Mo./Yr.) - To (Mo./Yr.)	Type of Course/Major
College, University, Professional, Technical, or Trade			

VETERANS CREDITS
 Complete this section ONLY if you wish to claim veterans credits AND if you have not used veterans credits for appointment to a position in NY State since 1/1/51.

For the purpose of claiming veterans credits on a civil service examination, you must have served, or currently serve, on active duty - for purposes other than training - in the Armed forces of the United States at any time during the following "time of war" periods:

WWII - 12/7/41 - 12/31/46
 Korea - 6/27/50 - 1/31/55
 Vietnam - 12/22/61 - 5/7/75
 Persian Gulf - 8/2/90 -
 U.S. Public Health Service
 7/29/45 - 12/31/46
 6/27/50 - 7/03/52

In addition, you must:
 (a) Be an Honorably Discharged Veteran - or released under honorable conditions. (You must submit proof via form #DD214)
 OR:
 (b) Be currently on active duty - for purposes other than training. (Proof must be by military ID or orders). You will be notified later as to how to provide proof of Honorable Discharge or release under honorable conditions.

15. Have you used veterans credits for appointment to a position in N.Y. State since 1/1/51? (If so, you may not claim them again!) Yes No
16. Do you wish to claim regular veterans credits? Yes No
17. Do you wish to claim DISABLED veterans credits? (You must be receiving payments from the U.S. Dept of Veterans Affairs for a service-connected disability rated at 10% or more, and incurred during a "time of war" period listed above). Yes No

College education from a foreign country must be evaluated by an accredited evaluation service, and an original report sent by them to this office.

Did you Graduate?	Date Degree/ Diploma Received	No of Credits Received	Type of Degree	Was Proof Submitted to This Office? Yes (date) or No

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last 5 yrs., so state) In addition, you MUST:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of workforce supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 1/2 x 11 sheets of paper.
6. THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.

(a) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Hours worked Per Week	Name and title of your supervisor
		/ /			
Duties:					
Your title:					
Reason for Leaving:					
(b) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Hours worked Per Week	Name and title of your supervisor
		/ /			
Duties:					
Your title:					
Reason for Leaving:					
(c) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Hours worked Per Week	Name and title of your supervisor
		/ /			
Duties:					
Your title:					
Reason for Leaving:					
(d) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Hours worked Per Week	Name and title of your supervisor
		/ /			
Duties:					
Your title:					
Reason for Leaving:					

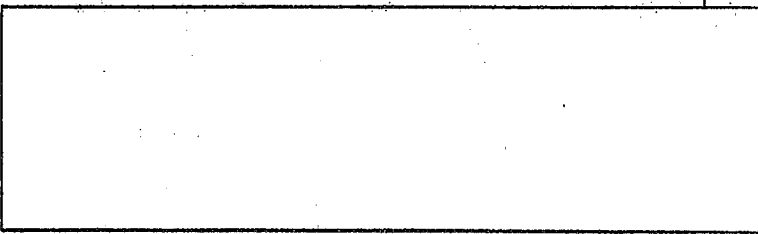
NOTE: Your application cannot be processed until Form CSX2.1 or CSX 2.2 is filed. Submit appropriate form directly to this office. (Do NOT submit form CSX 2.2 to appointing officer) Each application is reviewed in relation to the employment or examination involved.

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

(Applicant Signature)

(Date)

20. Use this space to explain "yes" answers to questions 7-12, and for details of special coursework, where required.
 Do not use for additional information regarding experience. Rather, attach additional 8 1/2 x 11 sheets of paper for that purpose.



APPOINTING AUTHORITY INFORMATION

1. Name and Address: County Department, Town, Village, School or Special District			
2. I have reviewed the qualifications listed above by the applicant who appears in item 19, and I nominate the applicant for appointment as:		3. Jurisdictional Classification: (per CS-4): <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor <input type="checkbox"/> Exempt	
Title of Position _____ Date Employment Begins _____	CS-4(#) EL-2(DATE) GRADE STEP SALARY \$ _____	4. Type of Appointment COMPETITIVE: <input type="checkbox"/> Provisional Appointment <input type="checkbox"/> Provisional Promotion <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____	
NOTE: IF candidate is currently employed by another governmental jurisdiction in Nassau County give details under number 20, above.		5. EDP CODES: TITLE _____ DEPARTMENT _____	
6. / / (DATE)		SIGNATURE OF APPOINTING OFFICER _____ NAME & TITLE OF APPOINTING OFFICER (PRINT) _____	