

CITY OF MECHANICVILLE

Municipal Civil Service Commission

36 North Main Street – Mechanicville, NY 12118

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title

Examination Number

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last First M.I.

Street Address

City or Post Office State Zip Code

Phone (Include Area Code)

Home: Business:

2. SOCIAL SECURITY NUMBER:

3. Are you under 18 or over 70 years of age: 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

4. VETERAN'S CREDITS (See Instruction E)

If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions 9A-F.

- DISABLED WAR VETERAN
 NONDISABLED WAR VETERAN

5. SPECIAL ARRANGEMENTS (Optional - See instruction D)

RELIGIOUS OBSERVER DISABLED MILITARY MEMBER

6. 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 I-151 or I-551 Alien Registration Cards at time of appointment.)

7. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	YEARS	MONTHS
School District		
City or Village of		
Town of		
County of		
State of		

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

FOR CIVIL SERVICE ONLY

PD W FD G NFR

Date Received By

Approved Conditioned Disapproved

8. Check appropriate box to the right of each question:

- 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 honorable circumstances? Yes No
- D. Have you ever been convicted of any crime (Felony or misdemeanor)? Yes No
- E. Are you now under charges for any crime? Yes No
- F. 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

If you answered "YES" to any of the Questions 8A-F above, you may give specifics under "REMARKS" on page 4 of this application. If you elect not to provide specifics however, or if such explanation is insufficient, you may be required to submit further information.

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.

9. Answer questions 9A-F only if you are claiming additional credits as a disabled or non-disabled veteran for the examination indicated on this application. Be sure that you read Instruction E relating to "Veterans Credits" and have claimed these credits in question 4.

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including 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.) Yes No
- B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances. Yes No
- C. Did you serve in the Armed Forces of the United States during any of the following periods?
- Dec. 7, 1941 to Dec. 31, 1946; Jun. 27, 1950 to Jan. 31, 1955;
Dec. 22, 1961 to May 7, 1975; Lebanon (Jun. 1, 1983 to Dec. 1, 1987);
Grenada (Oct. 23, 1983 to Nov. 21 1983); Panama (Dec. 20, 1989 to Jan. 31, 1990); Aug. 2, 1990 to end of Persian Gulf hostilities;
- U.S. Public Health Service; Jul. 29, 1945 to Sep. 2, 1945 or Jun. 26, 1950 to Jul. 3, 1952
- D. Are you currently a resident of New York State? Yes No
- E. Are you currently serving on active duty? Yes No
- F. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

CITY OF MECHANICVILLE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Mechanicville Civil Service Commission to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability or marital status.

ALL STATEMENTS ARE SUBJECT TO VERIFICATIONS

THIS AFFIRMATION MUST BE COMPLETED

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date

Indicate any other surname (last name) by which you are or have been known (Please Print)

**DO NOT
WRITE
IN THIS
COLUMN**

DO NOT WRITE IN THIS SPACE Training and Experience	
Rated By: _____	
Checked By: _____	

8. EDUCATION If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name and Location of High School _____										Year Graduated	
If you have a High School equivalency diploma, indicate: Issuing Government Authority _____								Number _____		Date of Issue _____	
Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd. or Expected	
	From	To									
College, University, Professional or Technical School											
Other Schools or Special Courses	_____										

9. LICENSES If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed, check this box

Name of Trade or Profession _____	License Number _____	Granted by (licensing agency) _____	City or State of _____
Specialty _____	Date License First Issued _____	Registered From: (Mo. / Yr.) _____	To: (Mo. / Yr.) _____

10. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

11. DESCRIPTION OF EXPERIENCE (Answer this question only if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing it's volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any organization, indicate such change clearly and as separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME _____	ADDRESS _____	CITY AND STATE _____
EARNINGS (Circle One) \$ / WK / MO / YR	DESCRIBE DUTIES BELOW: _____		
TYPE OF BUSINESS _____			
YOUR EXACT TITLE _____			
NAME OF YOUR SUPERVISOR _____			
SUPERVISOR'S TITLE _____			
No. of hours worked per week (exclusive of overtime) _____			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME _____	ADDRESS _____	CITY AND STATE _____
EARNINGS (Circle One) \$ / WK / MO / YR	DESCRIBE DUTIES BELOW: _____		
TYPE OF BUSINESS _____			
YOUR EXACT TITLE _____			
NAME OF YOUR SUPERVISOR _____			
SUPERVISOR'S TITLE _____			
No. of hours worked per week (exclusive of overtime) _____			

**DO NOT
WRITE
IN THIS
COLUMN**

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
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YOUR EXACT TITLE			
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No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before the examination, applicants may be admitted to the examination on the basis of statements made on the application, or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing, give the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s), or a Military Member, or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must EITHER

1. Check the appropriate box in 5 and indicate the special arrangements you require in the REMARKS section below.

OR

2. Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

E. VETERANS CREDITS

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully:

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credits, you must answer all questions in section 7. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions in section 7, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 7B.

Persons claiming credits as a disabled war veteran will be contacted by this agency for additional information as necessary. All claims and grants of veterans or veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiated by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have been applied. This information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Mechanicville Civil Service Commission.

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, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT

REMARKS: (use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).

APPLICATION FOR EXAMINATION SUPPLEMENT

(You must return this supplement with your application.)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

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

Name: _____
(Last name, first name, middle initial)

Address: _____

City, State, Zip: _____

Examination Number and Title: _____

THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature: _____

Date: _____