

Leave this space blank

Fee Received
Amount _____
Check _____
MO _____
Cash _____
Received by _____

RENSSELAER COUNTY BUREAU OF PERSONNEL  
 NED PATTIS ON GOVERNMENT CENTER  
 1600 SEVENTH AVENUE, TROY, NEW YORK 12180

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Recommendation
Approved by
Disapproved by

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

*Exam Number/Title or Position Applying For:*

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.

1. Social Security Number \_\_\_\_\_

2. \_\_\_\_\_  
 Last Name First Name Initial

3. \_\_\_\_\_  
 Street Address or RD

4. \_\_\_\_\_  
 City State Zip Code

5. Phone No. \_\_\_\_\_

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

6. RESIDENCE  
 Fill in names of the city or village, town, county, state, and School District No. 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.

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

Name of School District \_\_\_\_\_

7. 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?
- C. Have you ever received a Dishonorable Discharge from the Armed Forces of the United States?
- D. Have you ever been convicted of any crime (felony or misdemeanor)?
- E. Are you now under charges for any crime?
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

If you answered "Yes" to any of the questions A-F above, attach an additional sheet giving complete details.

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. Are you currently a U.S. citizen? Yes No

9. SERVICE IN ARMED FORCES Yes No

(A) Have you ever served in the armed forces of the U.S.?

	Month	Day	Year
(B) Date of entry into active service	(B)		
(C) Date of discharge	(C)		
(D) Service serial number	(D)		

(E) Have you ever received a permanent original appointment or a permanent promotion in the civil service of the state or any city or civil division thereof from an eligible list on which you were allowed additional credits as an honorable discharged veteran? Yes No

10. VETERANS CREDITS  
 Do you claim additional credits as an honorable discharged war veteran?  
 Check one

(A) Yes, as a Non-disabled war veteran (A)

(B) Yes, as a Disabled war veteran (B)

(C) NO (C)

If you claim veterans credits, you must submit discharge or separation papers with this application.

11. Check if you desire special arrangements because you are a Sabbath Observer (For religious reasons cannot be tested on Saturdays). Yes No

Check if you are a Handicapped Person requiring special arrangements. (Submit a statement describing the type of accommodations required.)

12. Have you any loans made or guaranteed 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?

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR MARITAL STATUS 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 OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT UNDER THE JURISDICTION OF THE PERSONNEL OFFICE.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

State any other name by which you have been known \_\_\_\_\_

13. EDUCATION: If you claim credit for a partially completed college curriculum, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If the examination announcement asks for specific course work, list the courses which you have completed on an attached sheet. Do NOT send a transcript unless required by announcement.

Have you graduated from high school? Yes No  
  If yes, Name and Location of High School.

If you have a high school equivalency diploma indicate issuing Governmental Agency.  
 Number Date of Issue

Name of School and City	Dates of Attendance (Month and Year)		Day or Night	Full or Part-time	No. of Years Credited	Were you Graduated?	Type of Courses Or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Received or Expected
	From	To								
College University, Professional or Technical School										
Other Schools or Courses										

14. 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 No.	Granted by (Licensing Agency)		City or State
Specialty	Date License First Issued	Registered	From(Mo/Yr)	To (Mo/Yr)

15. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

16. EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position and as far as possible every other employment including service beginning with your 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. To: Mo. Yr.	Firm Name	Address	City and State
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 extent of such supervision: _____		
Monthly Salary: Min:	Name and Title of Immediate Supervisor		
Max: Last:	Reason for Leaving:		
Length of Employment From: Mo. Yr. To: Mo. Yr.	Firm Name	Address	City and State
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 extent of such supervision: _____		
Monthly Salary: Min:	Name and Title of Immediate Supervisor		
Max: Last:	Reason for Leaving:		
Length of Employment From: Mo. Yr. To: Mo. Yr.	Firm Name	Address	City and State
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 extent of such supervision: _____		
Monthly Salary: Min:	Name and Title of Immediate Supervisor		
Max: Last:	Reason for Leaving:		

IF MORE SPACE IS REQUIRED USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.