Fee Received:

Amount_____

Check_____

MO_____

Rec'd by: _____

RENSSELAER COUNTY
CIVIL SERVICE COMMISSION
NED PATTISON GOVERNMENT CENTER
1600 SEVENTH AVENUE, TROY, NEW YORK 12180

Recommendation:

Approved by: _____

Disapproved by: _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Exam Number/Title or Position Applying For:

_____

Form MSD 330 (REVISED 3-04)

This application is part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Most written test are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under "Religious Accommodation." We will make arrangements for you to take the test on a different date.

1. Social Security Number: _____

2. Name :(Last,First,Middle)_____Phone#_____

Address: _____

Email address _____ (optional)

Immediate Notice should be given if any changes in address before or after examination.

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

		Years	Months
City or Village of:			
Town of:			
County of:			
State of:			
Name of School District			

4. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION.

	Yes	No
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	☐	☐
B. Did you ever resign from an employment rather than face dismissal?	☐	☐
C. Have you ever received an 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.

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

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

_____ _____

Signature of Applicant Date

6. SERVICE IN ARMED FORCES: Yes No

(A) Have you ever served in the armed forces of the US? ☐ ☐

(B) Date of entry into active service: _____

(C) Date of discharge: _____

(D) Service serial number: _____

(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 honorably discharged veteran? Yes ☐ No ☐

7. VETERANS CREDIT:

Do you claim additional credits as an honorable discharged war veteran? Check One

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

If you claim veteran's credits, you **must** submit discharge or separation papers with this application.

8. RELIGIOUS ACCOMMODATION:

Check if you desire special arrangements because of a Religious Observer (For religious reasons cannot be tested on Saturdays.) Yes ☐ No ☐

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

10. Have you any loans made or guaranteed the New York State Higher Education Services Corporation which are currently outstanding? ☐ ☐

THE NEW YORK STATE OF 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 CIVIL SERVICE OFFICE.

BACKGROUND INVESTIGATION: APPLICANTS MAY BE REQUIRED TO UNDERGO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND INVESTIGATION, WHICH WILL INCLUDE FINGERPRINT CHECK, TO DETERMIN SUITABILITY FOR APPOINTMENT. FAILURE TO MEET THE STANDARDS FOR THE BACKGROUND INVESTIGATION MAY RESULT IN DISQUALIFICATION.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDULE MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITES OF THE POSITION (S) FOR WHICH YOU ARE APPLYING.

11. EDUCATION:

Have you received a High School Diploma? Yes ☐ No ☐

If yes, Name and Location of High School: _____

If no, have you received a General Equivalency Diploma (G.E.D.)? ☐ ☐

If you have a high school equivalency diploma, indicate issuing Governmental Agency.

Number: _____ Date of Issue: _____

12. EDUCATION ABOVE HIGH SCHOOL LEVEL:

Name of School	Location	Course or Major	Credits Completed	Degree/Certif. Recv'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. LICENSE/CERTIFICATION:

Do you have a license, certification, or other authorization to practice a trade or Profession? Yes ____ No ____
If yes, is this certification permanent? Yes ____ No ____

Name of trade or profession: _____ License/Certificate Number:_____

Licensing Agency: _____ Licensed from: _____ to: _____

14. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes____ No___

15. 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 to consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment: From_____to_____ Firm Name:_____ Address:_____

Type of Business: _____ Your Title: _____ Immediate Supervisors Name:_____

Description of Duties:
_____

_____

Reason for leaving: _____ Salary: _____ Hours worked per week_____

Length of Employment: From_____to_____ Firm Name: _____ Address: _____

Type of Business: _____ Your Title: _____ Immediate Supervisors Name:_____

Description of
Duties:_____

_____

Reason for leaving: _____ Salary: _____ Hours worked per week_____

Length of Employment: From_____to_____ Firm Name:_____ Address:_____

Type of Business: _____ Your Title: _____ Immediate Supervisors Name: _____

Description of Duties:
_____

_____

Reason for leaving: _____ Salary: _____ Hours worked per week_____

Please use this sheet for any additional information you may need to provide.

FOR OFFICE USE ONLY