



CITY OF TROY CIVIL SERVICE COMMISSION

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Approved by:
Disapproved by:

Position/Title	Examination Number
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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, Address and Phone (Please Print)

Last	First	M.I.
Street Address		
City	State	Zip Code
Mailing Address (if different)		
City	State	Zip Code

Phone number and E-Mail are REQUIRED

Phone number(s)

E-Mail

2. Social Security Number

3. Are you under 18? Yes No

If yes, OR if minimum and/or maximum age limits are established for the position applied for (**POLICE OFFICER** or **FIREFIGHTER**) enter your date of birth.

Month _____ Day _____ Year _____

4. 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

5. 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
City or Town of			
County of			

6. 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?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been requested to resign from a position?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of any crime (felony or misdemeanor)? (Except for minor traffic violations and adjudications as youthful offender or PINS)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the Questions 6 A-C 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 for the position(s) for which you are applying.

7. Service in the Armed Forces

	YES	NO
A. Have you ever served in the Armed Forces of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
B. If "YES", have you ever received a discharge from such forces which was other than honorable? *	<input type="checkbox"/>	<input type="checkbox"/>

* If answer to "B" is "YES", describe on additional sheet of paper and attach.

	Month	Day	Year
Date of entry into active service			
Date released from active service			
Service Serial Number			

- C. Veterans' Credits: To claim veterans' credits in accordance with NYS Law, you must:
- a. be a citizen of the United States or an alien lawfully admitted for permanent residence in the United States at the time of application for appointment or promotion.
 - b. Not have used veterans' credits for any appointment to a New York State or a local government job since January 1, 1951, unless you have established a veteran disability since use of credits.
 - c. Have served in the United States Armed Forces, full time, other than for training and received a discharge under honorable conditions.
- D. Do you claim additional credits on this examination as a veteran?

*If "YES", please request and fill out separate form for disabled or non-disabled veterans' credits. (See instructions on page 4) Yes No

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.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

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 _____

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

8. Education If credit is claimed for a 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? YES NO *If "NO", Highest grade level completed _____

If "YES", Name and Location of High School _____

If you have a High School Equivalency diploma/GED, indicate date of Issue _____

	Name of School and City in which located	Dates of Attendance (Month and Year)		Full or Part time	No. of Years	Did you Graduate?	Type of Course or Major Subject	College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To							
College,										
University,										
Professional,										
Tech. School,										
Courses or Certificates										

Licenses Do you have a license, certificate or other authorization to practice a trade or profession? YES NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State
Specialty	Date License First Issued	Registered FROM: (Mo./Yr.) To (Mo./Yr.)	

9. Drivers License Do you have a valid license to operate a motor vehicle in New York State? YES NO Class _____

Identification Number _____ Expiration Date: _____

10. Description of Experience (Answer this question if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe in detail ALL employment that is pertinent to the position applied for. 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 your title or duties changed in the course of your service in any one organization, indicate such change clearly and as a 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. If supervisory experience is required of the position you are applying for, describe the type and extent of supervisory experience you have.

Length of Employment From Mo/Yr To Mo/Yr	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Supervisor and Title			
Number of hours worked per week			
Reason for leaving			

Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Supervisor and Title			
Number of hours worked per week			
Reason for leaving			

Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Supervisor and Title			
Number of hours worked per week			
Reason for leaving			

Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Supervisor and Title			
Number of hours worked per week			
Reason for leaving			

Instructions and Information

A. ANNOUNCEMENT OF EXAMINATION

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

B. ADMISSION TO EXAMINATION

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

Depending on the time available before an 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, 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. Call or write the agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. You will need submit a change of address form.

D. RELIGIOUS ACCOMMODATIONS – DISABLED PERSONS- MILITARY MEMBERS:

If special arrangements for testing are required, please indicate this on a separate sheet submitted along with your application.

E. ALTERNATE TEST DATE POLICY:

The Troy Civil Service Commission recognizes the need to accommodate applicants on other than regularly scheduled test dates. Our alternate test date policy is based upon the premise that a candidate will make such a request only because of compelling circumstances, like an emergency conflict between the announced date and an event of serious importance beyond his or her control. However, a candidate should make every effort to appear on the announced date.

Note- for situations such as medical emergencies, the candidate must notify the Civil Service Office no later than the Tuesday following the Saturday scheduled test date.

THE TEST CANNOT, UNDER ANY CIRCUMSTANCES, BE ADMINISTERED ONCE A CANDIDATE HAS BEEN IN CONTACT WITH OTHER CANDIDATES AFTER THE PRE-RATING REVIEW.

AN EXAMINATION CANNOT BE ADMINISTERED PRIOR TO THE SCHEDULED DATE.

F. 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 veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 7 and answer all questions A-D. Failure to do so, accurately, and completely may result in a denial of your claim.

All claims and grants of 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 substantiation by this agency. In the event of subsequent disclosure of any material misstatement of 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.

Veterans who previously used non-disabled veterans' credits for appointment or promotion and are subsequently certified by the Veteran's Administration as disabled veterans may again be eligible for additional exam credits. If this applies to you, please contact us, or request review in the remarks section below.

The City of Troy is an Equal Opportunity/Affirmative Action Employer, and is dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, mental or physical disability, political orientation or affiliation, or sexual preference. Minorities are encouraged to apply.

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 THE 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 ½" x 11" sheets.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION