Application for Examination or Employment

Examination Title ___________________________ Exam No. ______________

Please read the instructions on all pages of the application and the examination announcement carefully before filling out your application. PLEASE PRINT IN BLACK OR BLUE INK.

1. Last Name _______ First Name _______ Middle Initial _______ Social Security Number _______

Street Address _______ Apt No. _______ City _______ County _______ State _______ Zip Code _______

E-Mail Address _______ Contact Telephone Number _______

(For Police Officer Exam ONLY)

2. Date of Birth: Month ____ Day ____ Year _____ 3. U.S. Citizen _______ Yes _____ NO _______

4. Check below if you desire special arrangements for testing because you are a:
   _____ SABBATH OBSERVER- Must Submit Letter from Church Signed by Clergy
   _____ HANDICAPPED PERSON (indicated type of assistance requested)
   PLEASE ATTACH A SEPARATE NOTE

(For religion reasons you cannot be tested on Saturdays)

5. Have you a license, certificate or other authorization to practice the trade of profession for which you are applying?
   _____ Yes _____ No If ‘Yes’ answer the following:

   Name of Trade of Profession _______________ Granted by licensing Agency _______________ City or State of _______________

6. Answer all questions by placing ‘X’ in appropriate column.

   A) Were you ever dismissed or discharge from any employment for reasons other than lack of work or funds?

   B) Did you ever resign from any employment rather than face dismissal?

   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 than honorable circumstances?

If you answered ‘YES’ to any of the questions in 6 A-C above, you may give specific under “Remarks” on page 2 of application. If you elect not to provide 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.

7. Education

   Name of School and City in which located

   Date of Attendance From to

   Did you Graduate?

   No of College Credits Received

   Date Degree Received or expected

   Type of Degree received

   Type of Course/Major Subject

   High School Equivalency Diploma

   College, University, Professional or Technical School

   Other School Special Courses
8. EMPLOYMENT HISTORY. The examination announcement includes the minimum work experience required to compete in this test. Describe below all work experience which shows that you meet these stated minimum requirements.

8a. Name address, & Business of Employer

Title & Duties

No. of Hrs. per Week- Employed from Mp - Yr to Mo – Yr

8b. Name address, & Business of Employer

Title & Duties

No. of Hrs. per Week- Employed from Mp - Yr to Mo – Yr

8c. Name address, & Business of Employer

Title & Duties

No. of Hrs. per Week- Employed from Mp - Yr to Mo – Yr

9. Veteran’s Credits if you have served in the Armed Forces, do you claim veteran’s credits as a:

☐ Non-disabled Veteran  ☐ Disabled Veteran

For the purpose of claiming Veteran’s Credit on a competitive examination, an applicant must
A. Have been honorable discharged or separated from the Armed Forces of the United States;
B. Have been on active duty in the Armed Forces of the United States during any of the following periods:
   - World War II- December 7, 1941 to and including December 31, 1946
   - Korean Conflict- June 27, 1950 to and including January 31, 1955
   - Vietnam Conflict- December 22, 1961 to and including May 7, 1975
   - Hostilities in Granata *- October 23, 1983 – November 21, 1983
   - Hostilities in Lebanon *- June 1, 1983 – December 1, 1987
   - Persian Gulf Conflict – August 2, 1990 to an unspecified period

*For hostilities in Lebanon, Grenada & Panama, the individual MUST HAVE RECEIVED THE ARMED FORCES, NAVY, OR MARINES CORPS EXPEDITIONARY MEDAL. Without appropriate medical, service is treated as under May 8, 1975- August 1, 1990.

Any applicant wishing to claim Veteran’s Credit must do so at the time of filing application. Ask for form (MSB-332 VP-1) “APPLICATION FOR VETERANS CREDITS.”

10. If you possess a motor vehicle license fill in the following: Class ___________ Operator ___________

ID Number: __________________________ Date of Expiration: __________________________

REMARKS: (Use this space to prove any additional information as necessary, if more space is required, attach additional 8-1/2"x11" sheets)

Note: Please 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.

AFFIRMATION: I Affirm that the statements made on this application, including any papers, are true (Withholding relevant information or supplying inaccurate information, will result in your disqualification. Notice to appear for the test constitutes only conditional approval of your application. Individuals appointed from the resultant eligible list will be called upon to document any information provided on this application.)

Date __________________ Signature __________________

The New York State Human Right 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 from 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.