

CITY OF TROY CIVIL SERVICE COMMISSION

APPLICATION FOR EXAMINATION OR EMPLOYMENT

	Approved by:
Ī	Disapproved by:

			6. Ch	eck appropriate box to the righ	ıt of each q	uestion: YES	No	
Position/Title IF YOU ARE APPLYING FOR I YOUR DATE OF BIRTH IS REQU	FIREFIGHTER OF IRED IN NUMBER	3. This application is	В.	Were you ever dismissed or discharged employment for reasons other than lack funds? Have you ever been requested to res	of work or			
part of your examination. Answer all or use a typewriter or computer.	uestions fully and	carefully. Print in ink		position?			닏	
1. Name, Address and Phone (Pl	ease Print)			Have you ever been convicted of an (felony or misdemeanor)? (Except for mir violations and adjudications as youthful offender)	nor traffic			
Last	First	M.I.	specifics specifics, submit fu	answered "YES" to any of the Ques under "Remarks" on page 4 of this app however, or if such explanation is in rther information.	olication. If your sufficient, yo	ou elect no ou may be	ot to pro require	vide ed to
Street Address			case is c	f the above circumstances represents an onsidered and evaluated on individual illities for the position(s) for which you a	merits in rela			
City	State	Zip Code						
Mailing Address (if different)			7. Ser	rvice in the Armed Forces		YES	NO	
ivianing / radiess (if different)				Have you ever served in the Armed For the United States? If "YES", have you ever received a	ces of			
City	State	Zip Code		discharge from such forces which vother than honorable? *	was			
Phone number and E-	Mail are REOU	IRED	* If an	swer to "B" is "YES", describe on addit			ittach. ear	
Phone number(s)				Date of entry into active service				
				Date released from active service			\dashv	
				Service Serial Number				
E-Mail 2. Social Security Number			a.	permanent residence in the United appointment or promotion.	r an alien lawfo States at the ti or any appointn	ully admitt ime of app nent to a N	ted for lication lew Yorl	for k
3. Are you under 18? Yes If yes, OR IF YOU ARE APPLYIN	No C	GHTER or	c.	established a veteran disability sine Have served in the United State than for training and received a di	ce use of credites Armed For scharge under	ts. ces, full ti honorable	ime, oth	ner
POLICE OFFICER YOUR DATE	OF BIRTH IS RI	EQUIRED.	ı	Do you claim additional credits on this e ES", please request and fill out separate form:		a veteran?		
Month Day	Year			ed or non- disabled veterans' credits. (See instr			No	
4. If you are not a citizen of the Unlegal right to accept employmen	-		that a	: When filling out your applica ll appropriate questions have b ation may result in its disapprov ALL STATEMENTS ARE SUBJE	een answer al.	red. An	incom	
Yes No				THIS AFFIRMATION MUST BE	COMPLETE	D		
5. State your actual permanent how long you have resided including the date of this appli	there continua			that the statements made on this appapers) are true under the penalties o		uding any	7	
Name	Yea	rs Months	Signature	e of Applicant		Date		
City or Town of			Pleas	se print any other surname (last name) by	which you are	or have be	een knov	vn.
County of			1					

Have you	ı graduated from high sch	nool? YES		No No	*If "NO	", Highes	t grade leve	el completed			
If "YES"	', Name and Location of	High School	_								
If you ha	ve a High School Equiva	alency diploma/GED, indica	ate date	of Issue _							
	Name of School and City in which located	Dates of Attendance (Month and Year) From To	Full or Part time	No. of Years	Did you Graduate?		of Course or r Subject	College Credits Received	Type of Degree	Date Degree Rec'd or Expecte	
College,						-	<u>-</u>				
niversity,											
rofessional,											
ech. School,											
ourses or ertificates											
icenses D	Oo you have a license, cer	rtificate or other authorizati	on to pr	actice a tr	ade or profes	sion?	YES	NO			
	of Trade or	License				Licensing		Cit	City or State		
Profess	sion	Number			Agency						
Specialty		Date License First				Registered FROM: (Mo./Yr.) To (Mo./Yr.)					
		Issued	Issued								
Drivers L	icense Do you have a va	lid license to operate a mot	or vehic	le in New	York State?	YES	s No	Class			
	Identification Number	E>	xpiration	n Date:							
Description of ce in any cer "Duties"	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, described to the second sec		xpiration ouncement ition app NOT be as a sep ork pers	ent specification plied for. the interpretate emparate em	ies minimum You are re eted in your uployment (if	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begin tting an acc or duties cha	urate, adequ nged in the ½" x 11" sh	ate, and course of page	
Description of the ce in any of the ce in any of the ce in any of the cer "Duties" pplying for the certain the cer	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, describe the type and exhole t	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the we	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your uployment (if	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begin tting an acc or duties cha	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	
Description in detaription of ce in any cer "Duties" pplying for	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, describe the type and experience.	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of eets of pa	
Description ribe in deta ription of ce in any o re "Duties" pplying for Lengt From	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, describe the type and experience. h of Employment Mo/Yr Mo/Yr	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	
Description ribe in detaription of ce in any cer "Duties" pplying for Lengt	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, describe the type and experience. h of Employment Mo/Yr Mo/Yr To	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	
Description ibe in deta iption of ce in any of r "Duties" pplying for Lengt From	Identification Number n of Experience (Answail ALL employment the your experience. Omisone organization, indicate for each employment, describe the type and experience. h of Employment Mo/Yr Mo/Yr To	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	
Description ibe in deta iption of ce in any of r "Duties" pplying for Lengt From I	Identification Number n of Experience (Answail ALL employment the your experience. Omissione organization, indicate for each employment, describe the type and experience. the of Employment Mo/Yr Mo/Yr To Describe Duties:	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	
Description ribe in detaription of ce in any or reputition of the cer "Duties" pplying for the certain of the c	Identification Number n of Experience (Answail ALL employment the your experience. Omissione organization, indicate for each employment, describe the type and experience. The of Employment Mo/Yr To Describe Duties:	er this question if the annotatis pertinent to the posisions or vagueness will be such change clearly and describe the nature of the watent of supervisory experies	xpiration ouncement ition app NOT be as a sep ork pers	ent specification of the content of	ies minimum You are re eted in your aployment (if reformed by y	experiences responsible favor. If f more spa	ce requirem for submit your title cace is neede	nents.) Begir tting an acc or duties cha ed, attach 8 perience is r	urate, adequ nged in the ½" x 11" sh equired of th	ate, and course of page	

Reason for leaving

Mo/Yr Mo/Yr From To	FII III 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. ANNOUNCMENT 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 PRERATING 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 $8 \frac{1}{2}$ " x 11" sheets.