



City of Troy Civil Service Commission

Application for Examination or Employment

Approved by: _____
Disapproved by: _____

Position applying for: _____ **Exam #** _____

This application is part of your examination, and will be used to determine your eligibility for the position. Answer all questions fully and carefully in ink. Some questions can be answered with an "x" in the box that applies to you. Attach additional sheets if necessary to give complete information

Social Security Number: _____

1. Full name: _____
Last
First
M. I.

Street address: _____
City
State
Zip

2. Phone number(s): _____
 Other phone # _____
 or e-mail address _____

3. **Age:** Are you 18 yrs. old or older? Yes No
 If no, or if applying for Police Officer or Firefighter, give date of birth: _____

4. **Residence:** Fill in the names of the City or Town, and County where you actually reside. Show how long you have lived continuously in each immediately preceding the date of this application.

	Name	How long?
City or Town		
County		

5. Are you a citizen of the United States, or an alien lawfully admitted for permanent residence? Yes No

6. Are you currently in default on any student loan(s) guaranteed by the N.Y.S. Higher Education Services Corp.? Yes No

If you answer "yes" to anything in questions 7 through 10, you must provide the details on a separate sheet, and attach it to this application form.

7. Do you object to this office making inquiry regarding your character, performance or qualifications from:

a. Your former employers? Yes No

b. Your current employer Yes No

8. Were you ever dismissed from public employment for disciplinary reasons? Yes No

9. (For City of Troy positions only)
 Are you an officer in a political party? Yes No

10. Except for minor traffic violations and adjudications as youthful offender or PINS, have you ever been convicted of a crime, forfeited collateral, or are now under charges for any offense against the law? Yes No
If yes, give details of each on a separate sheet. A conviction is not an automatic bar to employment. Each case is considered on its individual merits.

11. Veteran's Status

Have you ever served in the armed forces of the United States? Yes No
 If "yes", have you ever received a discharge other than Honorable? Yes No

Date of entry into Service: _____

Date of discharge: _____

Serial Number: _____

Do you claim additional credits as an honorably discharged war veteran? (check one box)
 Yes, as a non-disabled veteran.
 Yes, as a disabled war veteran.
 No.

Have you ever received a permanent appointment, or permanent promotion in the civil service of NY State, any City, or subdivision within NY State from an eligible list on which you received additional credits as an honorably discharged veteran? Yes No

12. Do you have a license, certificate or other authorization to practice a trade or profession? Yes No

If "yes", please provide details on a separate sheet

13. This employer 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.

14. Affirmation

I affirm under the penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X _____ date
Signature of applicant

Please print any other name by which you have been known _____

15. Education (attach additional sheets if necessary)

Name of school and location	No. of years completed	Did you graduate Yes / No	Check highest school year completed						Full or part time	type of course or major subject	Number of college credits received	Type of degree received	Date of
			1 7	2 8	3 9	4 10	5 11	6 12					
Grammar													
Jr. High													
High School degree													
College, University, Professional, or Tech. Sch.													
Other Schools or special courses													

16. College Transcripts (if requested) Is transcript submitted herewith ? yes no
 Is College to forward transcript ? yes no

17. Driver's License If license is required for the position for which you are applying, please provide the following: Class: _____
 License number : _____ Expiration Date: _____

18. EXPERIENCE : Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment including military service. Begin with your most recent employment and work backwards consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of employment	Firm Name	Address	
From: Mo. Yr.			
	Type of business	Your title	Name & title of immediate supervisor
To: Mo. Yr.			
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 the size and kind of working force, if any, supervised by you, and the extent of such supervision.		
Salary			
Min. Max. Last			
Hrs. per wk.			
Reason for leaving:			
Length of employment	Firm Name	Address	
From: Mo. Yr.			
	Type of business	Your title	Name & title of immediate supervisor
To: Mo. Yr.			
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 the size and kind of working force, if any, supervised by you, and the extent of such supervision.		
Salary			
Min. Max. Last			
Hrs. per wk.			
Reason for leaving:			
Length of employment	Firm Name	Address	
From: Mo. Yr.			
	Type of business	Your title	Name & title of immediate supervisor
To: Mo. Yr.			
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 the size and kind of working force, if any, supervised by you, and the extent of such supervision.		
Salary			
Min. Max. Last			
Hrs. per wk.			
Reason for leaving:			

If more space is required, use additional sheets arranged in the same manner. Attach such sheets at top of page.