

MIDDLETOWN CIVIL SERVICE COMMISSION
JAMES STREET • BOX 5 • CITY HALL
MIDDLETOWN, NEW YORK 10940
(845) 346-4106

APPLICATION FOR EXAMINATION/EMPLOYMENT

Candidates for examination are instructed to avail themselves of the appropriate exam announcement as prepared by, and available from the Middletown Civil Service Commission. This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewrite. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

PRINT LEGIBLY IN INK OR TYPEWRITE

1. If you are filing for more than one examination on this application be sure that they are all **SCHEDULED TO BE HELD ON THE SAME DATE** (check the announcement for each examination). If you wish to file for examinations being held on different dates, submit a separate application for each date.

Exam Nos.	Exam Date	Titles	Personnel Use Only
			#1 A C D
			#2 A C D
			#3 A C O
			#4 A C D
			#5 A C D

2. SOCIAL SECURITY NUMBER

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3. FULL NAME

Last Name	First Name	Initial
Street Address or Rd.		
City	State	Zip Code

Immediate notice should be given of any change in mailing address before or after examination.

4. Phone No. Home _____

Phone No. Business _____

6. RESIDENCY

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

	YRS	MOS
City of _____		
Town of _____		
County of _____		
State of _____		
School District _____		

5. SPECIAL ARRANGEMENTS (Optional)

Check box below if you need special accommodations to participate in the examination:

1. Religious Observer - For religious reasons cannot be tested on the date of examination.
2. Other _____
(requires supporting documentation)
3. Disabled Person - Under REMARKS indicate type of assistance required.

7. VETERANS CREDITS

Did you serve in the armed forces of the United States on a full-time active duty basis during wartime and receive an honorable discharge? If YES, you MAY be eligible to claim credits as a Disabled or Non-Disabled Veteran.

- YES, I WISH TO CLAIM CREDITS AS A NON-DISABLED VETERAN. PLEASE SEND APPLICATION
- YES, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN. PLEASE SEND APPLICATION
- NO, I DO NOT WISH TO CLAIM VETERANS CREDITS

8. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES NO
- If so, are you presently in default on any such loan? YES NO

9. Check appropriate box to right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- 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? YES NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- E. Are you now under charges for any crime? YES NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

None of the 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.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential inquiry will be sent to you.

<p>10. A. BIRTH DATE: Mo. ___ Day ___ Yr. ___ (Enter birth date only if minimum and/or maximum age limits are established for the position, e.g. police officer, or under 18 years of age.)</p> <p>B. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (Answer only if citizenship is a requirement for the position for which you are applying.)</p> <p>C. If you are not a citizen, do you have the legal right to accept employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give alien registration number _____</p> <p>(Note: Citizenship is no longer a requirement for employment, except for Public Officer Positions.)</p> <p>D. Are you a retiree from New York State or any civil division thereof? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>E. Are you an Exempt Fireman? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>For questions 13-15 you need answer only those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing or set forth in the specification for the position applied for. If in doubt, answer all questions.</p>	<p>11. Have you any objections to this department making inquiry regarding your character and qualifications from: Your former employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is "YES", please explain under REMARKS.</p> <hr/> <p>12. LICENSES -- If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question. If not currently licensed check this box. <input type="checkbox"/></p> <p>Trade/Profession _____ License/Certificate No. _____ Licensing Agency _____ City/State _____ Expiration Date _____</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE TRG & EXPERIENCE</p> <p>Rated By _____ Checked By _____</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin-left: auto; margin-right: 0;"></div>
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13. EDUCATION

Have you graduated from high School? Yes No

If yes, year graduated _____

If no, highest grade completed _____

Name and location of high school _____

If you have a high school equivalency diploma, indicate issuing Government Authority _____

Number and Date of Issue _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

Name and Location of School	Dates of Attendance (Month & Year) From To	Day or Night	Full or Part Time	# of Years Credited	Were You Graduated?	Type of Course or Major Subject	# of Credits Received	Degree Received	Date of Degree

Other Schools or Special Courses _____

14. Do you have a valid license to operate a motor vehicle in New York State? Yes, Class _____ No

15. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe below in detail ALL employment that is pertinent to the position for which you are applying. 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 relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which includes experience pertinent to the position, describe such employment as a separate employment. If your title or duties changed materially in the course of your service in any one organization, show the dates of the changes and describe each job as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of work. If you supervised a work force, state its size and nature and the extent of such supervision. (If more space is needed, attach 8-1/2 x 11 sheets of paper.)

Length of Employment MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$/WK/MO/YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

Length of Employment MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$/WK/MO/YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE

Length of Employment MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
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Length of Employment MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK/MO/YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

REMARKS :

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.

SIGNATURE OF APPLICANT

DATE

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

NOTE: CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

**MIDDLETOWN CIVIL SERVICE COMMISSION
16 JAMES STREET, BOX 5
MIDDLETOWN, NEW YORK 10940**

MAIL OR DELIVER TO:

MIDDLETOWN CIVIL SERVICE COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or marital status and criminal record. 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, marital status or criminal record in connection with employment in the municipal service of the City of Middletown.