WASHINGTON COUNTY DEPARTMENT OF CIVIL SERVICE

WASHINGTON COUNTY MUNICIPAL CENTER
383 BROADWAY
FORT EDWARD, NY 12828
TELEPHONE: (518) 746-2250

Application
Approved _____
Conditional _____
Disapproved _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

EXAM OR POSITION TITLE _____

EXAMINATION NUMBER (State) (Local)

1. NAME _____
(Please Print) Last First M.I.

MAILING ADDRESS _____

_____

CITY OR POST OFFICE _____

STATE ZIP CODE _____

HOME PHONE ( ) _____

BUSINESS PHONE ( ) _____

2. SOCIAL SECURITY NUMBER _____

3. Are you under 18 years of age? YES NO
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:_____

4. VETERAN'S CREDITS
If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below, answer questions 11 A-C.

DISABLED WAR VETERAN ❑

NON-DISABLED WAR VETERAN ❑

5. SPECIAL ARRANGEMENTS (explain in remarks section)

RELIGIOUS OBSERVER ❑

HANDICAPPED PERSON ❑

6. 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
Non-citizens may be required to produce 1-151 or 1-551, Alien Registration Cards at time of appointment.

7. Do you have any objections to our contacting prior employers regarding your character and qualifications? YES NO
(If yes, explain in the remarks section.)

8. State your actual legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

		YRS	MOS
SCHOOL DISTRICT:			
CITY OR VILLAGE:			
TOWN:			
COUNTY:			
STATE:			

9. Check appropriate answer after each question:

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

If you answered "yes" to any of the Questions 9 A-F above, you may give specifics under "Remarks" on page 3 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 of the position for which you are applying.

10. It is the policy of Washington County Civil Service to provide for and promote the equal opportunity of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record in accordance with Non-Discrimination Policy.

(continued)

11. **DO NOT COMPLETE THIS SECTION UNLESS YOU:**

1. Wish to claim War Time Veterans Credits.

(If claiming veterans credits a DD214 is required.)

EXTRA CREDITS FOR WAR TIME VETERANS ***YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.***

YES☐ NO☐ I expect to receive or have already received, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a **full-time active duty basis other than active duty for training purposes.**

YES☐ NO☐ I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods.

In the Armed Forces:
- Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;
- Feb. 28, 1961 to May 7, 1975;
- June 27, 1950 to Jan. 31, 1955;
- Dec. 7, 1941 to Dec. 31, 1946;

or earned the armed forces, navy, or marine corps expeditionary medal for service in:
- (Panama) Dec. 20, 1989 to Jan. 31, 1990;
- (Lebanon) June 1, 1983 to Dec. 1, 1987;
- (Grenada) Oct. 23, 1983 to Nov. 21, 1983;

or in the U.S. Public Health Service:
- June 26, 1950 to July 3, 1952;
- July 29, 1945 to Sept 2, 1945.

YES☐ NO☐ I am a United States citizen or an alien lawfully admitted for permanent residence.

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

YES☐ NO☐ I have a service connected disability rated at 10% or more by the US Department of Veterans Affairs. This disability was incurred during a "Time of War" period listed above.

New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran: You will be required to provide proof of current New York State residency at time of appointment.

12. 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 on the announcement.

Have you graduated from high school? YES NO

If Yes, Name and Location of High School _____ _____

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

Number _____ Date of Issue _____

College, University or Technical School, and City where located	Dates of Attendance Month/Year From - To	Day or Night	Full or Part Time	No. of Years credited	Did you graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Received or Expected

Other Courses or Certificates _____

13. LICENSES: If a DRIVER'S LICENSE or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following section. If not currently licensed, check here _____.

Name of Trade or Profession	LICENSE NUMBER	GRANTED BY (Licensing agency):	City or State of:
Specialty:	Date License First Issued:	Registered From – To; (Mo./Yr.)	

14. If required for the position, do you have a valid license to operate a motor vehicle in New York State? YES NO

Driver License # _____

Issued by _____

Class _____

Expiration Date _____

15. DESCRIPTION OF EXPERIENCE: (Answer this question only if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the 'Earnings" box. 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 you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title or duties changed materially in the course of service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 ½' x 11' sheets of paper) Under "Duties" for each employment, describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment From Month/Year to Month/Year	Earnings: wk/mo/yr (circle one)	Name and Address of Firm or Business	No. of hours worked per week, exclusive of overtime:
Type of business	Your exact title:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Earnings: wk/mo/yr (circle one)	Name and Address of Firm or Business	No. of hours worked per week, exclusive of overtime:
Type of business	Your exact title:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Earnings: wk/mo/yr (circle one)	Name and Address of Firm or Business	No. of hours worked per week, exclusive of overtime:
Type of business	Your exact title:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Earnings: wk/mo/yr (circle one)	Name and Address of Firm or Business	No. of hours worked per week, exclusive of overtime:
Type of business	Your exact title:	Describe duties:	Supervisor's name and title:

REMARKS: (Use this space to provide any additional information as necessary. If more space is required, attach additional 8 ½' x 11' sheets.)

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

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

APPLICATION FEE: A fee is required when this application is submitted for a Civil Service examination. The exact fee for each exam is posted on the examination announcement. **CHECK OR MONEY ORDER ONLY** must be payable to **WASHINGTON COUNTY TREASURER**. **DO NOT SEND CASH. YOU MUST LIST THE EXAM NUMBER ON THE CHECK OR MONEY ORDER. THERE WILL BE NO REFUNDS if your application is disapproved.**

NOTE: We will only accept applications during the posting period that is listed on each examination announcement.

WAIVER OF FEE: If you are eligible for Public Assistance and can verify the type of assistance you receive, the application fee can be waived. If you are unemployed and primarily responsible for the support of a household, you may also request a waiver. COMPLETE THE SEPARATE APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM AND SUBMIT WITH THIS APPLICATION.