



**WASHINGTON COUNTY DEPARTMENT OF CIVIL SERVICE**  
**WASHINGTON COUNTY MUNICIPAL CENTER**  
**383 BROADWAY**  
**FORT EDWARD, NY 12828**  
**TELEPHONE: (518) 746-2250**

<b>Application</b>	
Approved	_____
Conditional	_____
Disapproved	_____

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

EXAM OR POSITION TITLE \_\_\_\_\_  
 EXAMINATION NUMBERS \_\_\_\_\_ (State) \_\_\_\_\_ (Local)

1. NAME \_\_\_\_\_  
 (Please Print) Last First M.I.

MAILING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. Are you under 18 years of age? YES NO If yes, Date of Birth is \_\_\_\_\_  
 OR If minimum and/or maximum age limits are established for the position  
 applied for, enter your date of birth here: \_\_\_\_\_  
 (Example: Deputy Sheriff and Police Officer exams)

4. VETERAN'S CREDITS - If, for this examination, you wish to claim  
 additional credit as an honorably discharged veteran, **check the  
 appropriate box below, and answer question 11.**  
 If you are not claiming credits, mark N/A or leave blank.  
 N/A  
 DISABLED WAR VETERAN  
 NON-DISABLED WAR VETERAN  
 If claiming Veteran's Credits a current DD-214, Member 4 is required.  
 Also, if claiming Disabled Veterans Credits proof of disability is required.

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 **current** legal residence and indicate for how long you have  
 resided there continually, up to and including the date of this application.

	NAME	YRS	MOS
SCHOOL DISTRICT:	_____	_____	_____
CITY OR VILLAGE:	_____	_____	_____
TOWN:	_____	_____	_____
COUNTY:	_____	_____	_____
.....UVCVG<	_____	_____	_____

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. THIS INFORMATION IS REQUIRED ONLY IF YOU ARE CLAIMING EXTRA CREDIT AS A WAR TIME VETERAN**

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will need to produce a DD-214 Member 4 before the establishment of the eligible list. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment.

If you wish to claim War Time Veteran Credits, AND have not used ANY veteran credits for a permanent appointment to a position in New York State or Local Government, complete answers in the section below.

1. YES NO Do you expect to receive, or have you 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.
2. YES NO Are you now serving, or have you 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:* *Or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:* *Or in the U.S. Public Health Service:*  
 Aug. 2, 1990 until the Persian Gulf hostilities end (currently serving) (Panama) Dec. 20, 1989 to Jan. 31, 1990 June 26, 1950 to July 3, 1952  
 Feb. 28, 1961 to May 7, 1975 (Lebanon) June 1, 1983 to Dec. 1, 1987 July 29, 1945 to Sept. 2, 1945  
 June 27, 1950 to Jan. 31, 1955 (Grenada) Oct. 23, 1983 to Nov. 21, 1983  
 Dec. 7, 1941 to Dec. 31, 1946
3. YES NO Are you a United States citizen or an alien lawfully admitted for permanent residence?
4. YES NO Do you have a service connected disability rated at 10% or more by the U.S. Department of Veteran Affairs? This disability must have been incurred during a Time of War period listed above.
- 5a. YES NO Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a", you must answer "5b".
- 5b. YES NO After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

**12. EDUCATION:** If credit is claimed for a partially completed college curriculum or correspondence course, list courses and credit or semester hours completed below. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, or if more room needed, please use "Remarks" section on Page 3. 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	# 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:** Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Only 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. 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. If more space is needed, please use REMARKS section below. **Resumes will NOT be accepted as a replacement for the information below.**

Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:

**REMARKS:** Use this space to provide any additional information.

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