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ONEONTA MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL, ONEONTA, NEW YORK 13820

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Date Received _____

Fee Received _____

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By: _____

Number _____

APPLICATION

Approved by: _____

Disapproved by: _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Insert above, Title of Position Applying For

This application is part of your examination. Answer all questions fully and carefully in ink or on typewriter. 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.

Social Security Number _____

1. FULL NAME

- Mrs. _____
- Mr. _____
- Ms. _____

Last Name First Name Initial

Street Address or RD. _____

City State Zip Code _____

IMMEDIATE NOTICE SHOULD BE GIVEN OR ANY CHANGE IN ADDRESS BEFORE OR AFTER EXAMINATION

2. Phone No. () _____ () _____

Home Phone Business Phone

May we contact you at your Business Phone? Yes No

3. RESIDENCE

Fill in the names of the city or village, town, county, state and school district of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

	NAME OF	YEARS	MONTHS
City or Village			
Town			
County			
State			
Name of School District			

4. Were you ever discharged from any employment except for lack of work or funds, disability, or medical condition? Yes No

Did you ever resign from any employment rather than face discharge? Yes No

5. COMPLETE THE FOLLOWING IF A LICENSE, CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION IS REQUIRED.

Have you a license, certificate or other authorization to practice a trade or profession? Yes No

Name of trade or profession _____

Granted by (licensing agency) _____ City or State of _____

Licensed From _____ To _____

6. Have you ever taken any other examinations given by this department? If "Yes" give titles and dates Yes No

Titles of Examinations	Dates

7. Student Loans

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services? Yes No

8. SERVICE IN ARMED FORCES

(A) Have you ever served in the armed forces of the U.S.? Yes No

(B) If "Yes" have you ever received a discharge from service forces which was other than honorable? Yes No

If answer is "Yes", give full particulars on additional sheet.

(C) Date of entry into active service (C) _____

(D) Date of discharge (D) _____

(E) Service serial number (E) _____

9. VETERANS CREDITS

Do you claim additional credits as an honorably discharged war veteran?

(A) Yes, as a Non-disabled war veteran (A)

(B) Yes as a Disabled war veteran (B)

(C) NO (C)

(D) No, not a war veteran (D)

10. If a motor vehicle license is required for the position for which you are applying give the following:

Chauffeur Operator

Class _____

Number _____ Date of Expiration _____

11. Date of Birth _____

If there is an age requirement for this position then state your date of birth.

12. Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral or are now under charges for any offense against the law? Yes No

If "Yes" give particulars and dispositions of each charge on separate sheet and attach same.

A conviction is not an automatic bar to employment. Each case is considered on its own merits.

DECLARATION

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

_____ Date

_____ Signature of Applicant

_____ State maiden name or any other name by which you have been known

MAIL OR DELIVER TO: Oneonta Municipal Civil Service Commission, City Hall, Oneonta, N.Y. 13820
Federal Law prohibits discrimination because of age, race, creed, color, gender, or national origin.

14. EDUCATION: (If more space is required for full explanation, attach additional sheets above this line.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

15. 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 war service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
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 size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary Min. Max. Last	_____		
Total hrs. per WEEK hrs.	_____		
Reason for Leaving	_____		
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last	_____		
Total hrs. per WEEK hrs.	_____		
Reason for Leaving	_____		
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last	_____		
Total hrs. per WEEK hrs.	_____		
Reason for Leaving	_____		
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last	_____		
Total hrs. per WEEK hrs.	_____		
Reason for Leaving	_____		

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.