

APPLICATION FOR EMPLOYMENT OR EXAMINATION

CITY OF ALBANY
MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL ROOM 301
ALBANY, NY 12207
(518) 434-5049

Leave this space blank

Exam #: _____

Date Received: _____

Fee: \$ _____

Leave this space blank

Number: _____

Approved By: _____

Disapproved By: _____

This application is part of your examination. Answer all questions fully and carefully in ink or typewritten. Attach additional sheets if necessary in order to give complete and detailed information.

<p>1. Title or Position and Exam Number</p>	<p>5. Mailing Address</p> <p>No., Street, Apt: _____</p> <p>City, State, ZIP: _____</p> <p>Permanent Address (if different)</p> <p>No., Street, Apt: _____</p> <p>City, State, ZIP: _____</p> <p align="right"><small>Immediate notice should be given of any change in address.</small></p>
<p>2. Last Name, First Name, MI</p>	
<p>3. Phone Number</p> <p>() ()</p> <p align="center">Home Work</p>	<p>4. Social Security Number</p> <p>— — — — —</p>

6. Residence: Fill in the names of the city and county of which you are an actual permanent legal resident. List how long you have continuously lived in each residence immediately preceding the date of this application.

	NAME	YEARS	MONTHS
CITY			
COUNTY			

8. Police Officer & Firefighter Applicants Only

Are you a U.S. Citizen? Yes No

Date of Birth: _____ / _____ / _____

9. Special Accommodations in Testing:
We provide reasonable accommodations for individuals with disabilities or for those who are Saturday Religious observers.

Do you require special accommodations due to a disability? Yes No

Do you require special accommodations due to Saturday Religious observance? Yes No

7. Have you ever served in the U.S. armed forces? Yes No

If "Yes", did you receive an honorable discharge? Yes No

Have you previously used veterans' credits? Yes No

Do you claim additional veterans' credits?

Yes, as a non-disabled war veteran.

Yes, as a disabled war veteran.

No.

If claiming additional veterans' credits, you must submit a copy of your separation papers (DD214) within two months of the last filing date for the examination.

Are you the child of a City of Albany Firefighter or Police Officer killed in the line of duty? Yes No

10. Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

Are you now under any charges for any crime? Yes No

If you answered "Yes" to any of the questions in this section, explain on an additional sheet.

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.

11. Have you ever been dismissed from employment for disciplinary reasons? Yes No

If "Yes", explain on an additional sheet.

12. If you have a license, certificate or other authorization to practice a trade or profession, include that information below.

Name of Trade/Profession: _____

Licensing Agency: _____

Licensed From _____ To _____

13. Driver's License (If the position for which you are applying requires one.)

Number _____ State _____ Expiration Date _____

14.

High School: _____ Highest Grade Completed: _____ Graduation Year: _____

GED Issuing Government Authority: _____ Number: _____ Year Issued: _____

College, Professional or Technical Schools: Name & Location	Attendance Dates (mm/yy)		Total # of Credits	Did You Graduate?	Degree Type & Subject	Degree Date
	From	To				
	—	—				
	—	—				
	—	—				

15. Experience: Describe any employment or occupation you have had which includes experience that tends to qualify you for the position sought. Begin with your most recent employment and work backward consecutively to your first. You may be required to furnish satisfactory proof of experience claimed. Use additional sheets if necessary.

Company Name: _____ Job Title: _____ Hours per Week: _____

Employed From: _____ To: _____ Supervisor Name & Title: _____
(mm/yy) (mm/yy)

Duties of Position: _____

Company Name: _____ Job Title: _____ Hours per Week: _____

Employed From: _____ To: _____ Supervisor Name & Title: _____
(mm/yy) (mm/yy)

Duties of Position: _____

Company Name: _____ Job Title: _____ Hours per Week: _____

Employed From: _____ To: _____ Supervisor Name & Title: _____
(mm/yy) (mm/yy)

Duties of Position: _____

Company Name: _____ Job Title: _____ Hours per Week: _____

Employed From: _____ To: _____ Supervisor Name & Title: _____
(mm/yy) (mm/yy)

Duties of Position: _____

Have you any objection to this department making inquiry regarding your character and qualifications from:

your present employer? Yes No

your former employer? Yes No

If you answered "Yes" to either of these questions, explain on an additional sheet.

16. THIS DECLARATION MUST BE COMPLETED

I declare, subject to the penalties of perjury, that the statements made in this application (including statements in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements made by me in connection with this application are subject to verification. Omissions or vagueness will not be interpreted in your favor.

Signature of Applicant _____ Date _____

The New York State Human Rights Law prohibits discrimination in employment because of the race, creed, color, religion, national origin, sex, disability, genetic predisposition, carrier status, marital status, sexual orientation or arrest record of a candidate.

It is the policy of the City of Albany to provide Equal Employment Opportunity to all persons, and to carry out Affirmative Action responsibilities. Further, it is the policy of the City of Albany to ensure that all persons, regardless of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation, and status as a Vietnam Era Veteran are protected in all matters pertaining to employment.

An Equal Opportunity Employer