

Leave this space blank

Exam #: _____

Date Received: _____

Fee: \$ _____

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

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.

1. Title or Position and Exam Number Applying For 			5. Mailing Address No., Street, Apt: _____ City, State, ZIP: _____ ----- Permanent Address (if different) No., Street, Apt: _____ City, State, ZIP: _____ <small>Immediate notice should be given of any change in address.</small>																																
2. Last Name, First Name, MI 			8. Police Officer & Firefighter Applicants Only <div style="text-align: right;">Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></div> 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 <input type="checkbox"/> No <input type="checkbox"/> Do you require special accommodations due to Saturday Religious observance? Yes <input type="checkbox"/> No <input type="checkbox"/>																																
3. Phone Number () () Home Work		4. Social Security Number _____ - _____ - _____																																	
6. Residence: Fill in the names of the city and county of which you are an actual permanent legal resident. Show for how long you have continuously lived in each residence immediately preceding the date of this application.			10. Have you ever been convicted of a crime (felony or misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you now under any charges for any crime? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If you answered "Yes" to any of the questions in this section, explain on an additional sheet.</small> <hr/> <small>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.</small>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>NAME</th> <th>YEARS</th> <th>MONTHS</th> </tr> </thead> <tbody> <tr> <td>CITY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COUNTY</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							NAME	YEARS	MONTHS	CITY				COUNTY																					
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7. Have you ever served in the U.S. armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you previously used veterans credits? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you claim additional veterans credits? <input type="checkbox"/> Yes, as a non-disabled war veteran. <input type="checkbox"/> Yes, as a disabled war veteran. <input type="checkbox"/> No. <small>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.</small> Are you the child of a City of Albany Firefighter or Police Officer killed in the line of duty? Yes <input type="checkbox"/> No <input type="checkbox"/>			11. Have you ever been dismissed from employment for disciplinary reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "Yes", explain on an additional sheet.</small> 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.) _____ <div style="display: flex; justify-content: space-between;"> Number State Expiration Date </div>																																			
14. High School: _____ Highest Grade Completed: _____ Graduation Year: _____ GED Issuing Government Authority: _____ Number: _____ Year Issued: _____																																			
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	From	To																																	
Have you any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", are you presently in default on any such loan? Yes <input type="checkbox"/> No <input type="checkbox"/>																																			

An Equal Opportunity Employer

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: _____

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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.

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