

Leave this space blank
Date Received

Allegany County is an Affirmative Action / Equal Opportunity Employer

Leave this space blank
Checked by

CIVIL SERVICE APPLICATION

ALLEGANY COUNTY DEPARTMENT OF CIVIL SERVICE
7 COURT STREET
COUNTY OFFICE BUILDING
BELMONT, NEW YORK 14813-1081

Approved

Conditional

Disapproved

NUMBER AND EXACT TITLE OF EXAM AS STATED ON THE ANNOUNCEMENT

This application is part of your examination. Answer all questions fully. 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.

1. FULL NAME

Last Name _____ First Name _____ Initial _____ Sex M F

Street Address or RD _____

Post Office _____ State _____ Zip Code _____

**IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN
POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION**

2. PHONE: Home _____ Business _____

3. SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | |

4. Do you have the legal right to reside and accept employment in the United States? YES NO

5. RESIDENCE

Jurisdiction of legal residence for previous month:

State _____	County _____
City or Village _____	School District _____

6. Check below if you desire special arrangements because you are a:

- Sabbath Observer (For religious reasons cannot be tested on Saturdays)
- Handicapped Person (Describe disability on a separate sheet and indicate type of assistance required)

7. Have you any objections to this department making inquiry regarding your character and qualification from

- A. Your Former employers? YES NO
- B. Your present employer? YES NO

If answer is "YES" to either (A) or (B) explain.

8. Were you ever dismissed from any public employment for disciplinary reasons?

YES NO

If answer is "Yes," give full particulars.

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

Class _____ Chauffeur Operator

Number _____

Expiration Date _____

10. Check appropriate box to the right of each question:

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

If you answered "YES" to any of the questions 10A-F above, you may give specifics on a separate sheet. If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential investigation supplement may be sent to you.

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(s) for which you are applying.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY ALLEGANY COUNTY MUNICIPALITIES.

NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval.

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

(Please Print)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

DATE OF BIRTH ____/____/____
Police Officer Applicants Only

11. 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 such forces which was other than honorable? YES NO

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

	MONTH	DAY	YEAR
(C) Date of entry into active service			
(D) Date of discharge			
(E) Service serial number			

12. VETERANS' CREDITS

Do you draw additional credits on this exam, as an honorably discharged veteran? Check One

YES, as a disabled war veteran

YES, as a non-disabled war veteran

NO

If "YES" please request and fill out separate form for veterans credits

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered from:	To

14. 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. Do Not send transcript unless required by announcement.

Have you graduated from high school? YES NO If YES, Name and Location of High School _____ Year Graduated _____

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority _____ Number _____ Date of Issue _____

	Name of School and City in which located	Attendance Dates (Month & Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated?	Type Course or Major Subject	No. of College Credits Received	Type of Degree Received	No. of Degree Rec'd or Expected
		From	To								
College University, Professional or Technical School											
Other Schools or Special Courses											

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. _____ To: Mo. _____ Yr. _____ Total: _____ Yrs. _____ Mos. MONTHLY SALARY Min. _____ Max. _____ Last _____ Total hrs. per WEEK _____ hrs. REASON FOR LEAVING	Firm Name	Address		City and State
	Type of Business	Your Title	Name and Title of Immediate Supervisor	
	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.			
LENGTH OF EMPLOYMENT From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: _____ Yrs. _____ Mos. MONTHLY SALARY Min. _____ Max. _____ Last _____ Total hrs. per WEEK _____ hrs. REASON FOR LEAVING	Firm Name	Address		City and State
	Type of Business	Your Title	Name and Title of Immediate Supervisor	
	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.			
LENGTH OF EMPLOYMENT From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total: _____ Yrs. _____ Mos. MONTHLY SALARY Min. _____ Max. _____ Last _____ Total hrs. per WEEK _____ hrs. REASON FOR LEAVING	Firm Name	Address		City and State
	Type of Business	Your Title	Name and Title of Immediate Supervisor	
	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.			

RE: 15. Experience: Please attach additional sheets if needed.