

Application for Examination or Employment
MSD-330

Columbia County Civil Service Commission

401 State St., Hudson, N.Y. 12534

518-828-6622 | www.columbiacountyny.com

Position Title _____

Exam # _____

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

1. Name (please print)

Last _____ First _____ Middle init. _____

Street address _____

City _____ State _____ Zip code _____

Phone # (home) _____ (Business) _____

1a. Mailing address (if different from above) _____

Email address _____

2. Social Security # _____

3. Are you under 18 or over 70 yrs. of age?

☐ yes ☐ no

If yes or if minimum age limits are established for the position applied for, enter your date of birth here: **Mo.** ____ **Day** ____ **Year** ____

4. Veterans' credit

If, for this examination, you wish to claim additional credit as an honorable discharged veteran, check the appropriate box and answer questions 10 A-F. Please request additional forms to apply for veteran credit.

- ☐ Disabled war veteran
☐ Non-disabled war veteran

5. Special arrangements (please explain on separate sheet)

- ☐ Religions accommodation* ☐ Handicapped person
☐ Alternate Test Date (see Alternate Test Date Policy on website)

**most written tests are held on Saturday. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, or need arrangements for an alternate date check the above box. We will make arrangements for you to take the test on a different date per Alternate Test Date Policy.*

6. If you are not a citizen of the U.S., do you have the legal right to accept employment in the U.S.?

☐ yes ☐ no

7. Remarks:

8. County, Town & school district in which you now reside:

County _____ #yrs _____

Town _____ #yrs _____

School district _____ #yrs _____

Village _____ #yrs _____

Are you an exempt firefighter ☐ yes ☐ no

Background investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Multiple exams: If you have applied to participate in multiple exams (state, county, etc.) scheduled to be held on the same test date, you must notify this office no later than 2 weeks prior to the date of this exam.

Civil Service use only:

Date _____ By: _____

☐ Approved ☐ Conditional ☐ Disapproved

9. Check the 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 U.S. 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. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? ☐ yes ☐ no

F. Are you now under charges for any crimes? ☐ yes ☐ no

If you answered "yes" to any of Questions 9 A-F above, you may give specifics under "Remarks" in section #7. 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. Answer questions 10-A-F only if you are claiming additional credit as a disabled or non-disabled war veteran for the examinations indicated on this application.

A. Are you currently or have you ever served in the Armed Forces of the U.S.
Yes ☐ No ☐

(Army, Navy, Marine Corps, Air Force and Coast Guard when in the service of the U.S. pursuant to call as provided by law on a full time active duty basis other than active duty for training purposes)

B. Did you receive a discharge that was honorable or were you released under honorable circumstances? Yes ☐ No ☐

C. Were you a resident of NYS on the date of your **initial entry** in the Armed Forces of the US? Yes ☐ No ☐

D. Did you serve in the Armed Forces of the U.S. during Any of the following periods? Yes ☐ No ☐

Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb 28, 1961 to May 7, 1975 **OR** U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 **OR** June 26, 1950 to July 3, 1952; **OR** A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970; **OR** June 1, 1983 to Dec. 1, 1987 (Lebanon) **OR** Oct. 23, 1983 to Nov. 21, 1983 (Grenada) **OR** Dec. 20, 1989 to Jan. 31, 1990 (Panama) **OR** Aug. 2, 1990 to (no ending date) Persian Gulf

***ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a** If you are a child or sibling of a firefighter, police officer, emergency medical technician, or paramedic who was killed in the line of duty in the service of New York State, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Columbia County Civil Service Commission

E. Are you currently a resident of New York State? Yes ☐ No ☐

F. Since Jan. 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes ☐ No ☐

(Note credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal or the Marine Corps Expeditionary Medal.)

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

ALL STATEMENTS ARE SUBJECT TO VERIFICATION
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 _____ Date _____

Indicate any other last name by which you are or may have been known:

Civil Service use only: Receipt # _____ Amount \$ _____ Received by: _____	<h2 style="margin: 0;">Page 2</h2>	Section 50-b of the NYS Civil Service Law requires that all applicants for exam be asked the following: Have you any loans made or guaranteed by the NYS Higher Education Services Corp. which are currently outstanding? <input type="checkbox"/> yes <input type="checkbox"/> no If so, are you presently in default on any such loan? <input type="checkbox"/> yes <input type="checkbox"/> no
---	--	---

11. Have you graduated from high school? ☐ Yes ☐ No

Year you graduated: _____

If yes, name and location of high school: _____

If you have a high school equivalency diploma, indicate issuing Government Agency: _____

Diploma # _____ Date of issue _____

	Name of school & location	Dates of Attendance	Day or night	Full or Part Time	No. of years credited	Type of course or Major	# of credits received	Type of degree	Date degree received or expected
College or university									
Other schools or special courses									

12. 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:
 Trade: _____ License # _____ Date of Issue: _____

13. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ Yes ☐ No

14. Description of experience (Answer this question only if the announcement specifies minimum experience requirements)

Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			
Length of employment	Firm name	Address	City & State
From: Month Year	Duties:		
To: Month Year			
Type of Business:			
Name of Supervisor:			
Your exact title:			
No. of hours worked/week:			