

Utica Municipal Civil Service Commission
1 Kennedy Plaza, Utica, New York 13502
Phone: (315) 792-0225
www.cityofutica.com

APPLICATION FOR EMPLOYMENT

TITLE: _____

APPLICATION FOR EXAMINATION #

TITLE: _____

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

1. NAME (Please Print)

Last First M.I.

2. PERMANENT LEGAL RESIDENCE: State your permanent legal residence. If your mailing address is different, please note in Remarks on Page 4. Note: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

Street Address _____

City or Post Office State Zip Code

Phone (include Area Code) _____

Home Business

E-mail Address _____

Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	NAME	YEARS	MONTHS
State of _____			
County of _____			
Village of _____			
Town of _____			
City _____			
School District _____			

3. SOCIAL SECURITY NUMBER

4. If age limits are established for the position applied for, enter your date of birth here:

Mo. _____ Day _____ Year _____

5. VETERANS' CREDITS (See Instruction F)

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and if yes, answer questions 11 A-D.

YES NO

6. RELIGIOUS ACCOMMODATION (See Instruction D)

I cannot be tested on the scheduled date and require a religious accommodation. Required Not Required

7. SPECIAL ACCOMMODATIONS (See Instruction E)

8. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

YES NO

(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment)

9. FOR CIVIL SERVICE USE ONLY

Approved Conditioned Disapproved

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. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO
- F. Are you now under charges for any crime? YES NO

If you answer "YES" to any of the Questions 9 A-F above, you may give specifics under "Remarks" on page 4 of this application. 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(s) for which you are applying.

11. Answer questions 11 A-D only if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure that you read Instruction F relating to "Veteran's Credits" and have claimed these credits in question 5.

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) YES NO
- B. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
- Dec. 7, 1941 - Dec. 31, 1946
 - June 27, 1950 - Jan. 31, 1955
 - Feb. 28, 1961 - May 7, 1975
 - Aug. 2, 1990 - end of hostilities
 - *Lebanon: June 1, 1983 - Dec. 1, 1987
 - *Grenada: Oct. 23, 1983 - Nov. 21, 1983
 - *Panama: Dec. 20, 1989 - Jan. 31, 1990
 - U.S. Public Health Service:
 July 29, 1945 - Sept. 2, 1945; June 26, 1950 - July 3, 1952

*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. The DD-214 form should contain verification of possession of Expeditionary medals for Lebanon, Grenada or Panama.

- C. Are you currently a resident of New York State? YES NO
- D. Since January 1, 1951, have you ever 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: 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 of Applicant _____

Date _____

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

(Please Print)

DO NOT
WRITE
IN THIS
COLUMN

DO NOT WRITE IN THIS SPACE
Training and Experience

Rated By:
Checked By:

12. 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. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? Yes No If Yes, Name and Location of High School _____

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

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

13. EDUCATION LOANS: Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? Yes No
2. If so, are you presently in default on any such loan? Yes No

14. 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 of / State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

15. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

16. DESCRIPTION OF EXPERIENCE: FOR EXAMINATION:

Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

FOR EMPLOYMENT: 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 MO / YR MO / YR FROM / TO / EARNINGS (Circle One) \$ _____ /WK / MO / YR TYPE OF BUSINESS YOUR EXACT TITLE NAME OF YOUR SUPERVISOR SUPERVISOR'S TITLE No. of hours worked per week (exclusive of overtime)	FIRM NAME	ADDRESS	CITY AND STATE
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO / YR MO / YR FROM / TO / EARNINGS (Circle One) \$ _____ /WK / MO / YR TYPE OF BUSINESS YOUR EXACT TITLE NAME OF YOUR SUPERVISOR SUPERVISOR'S TITLE No. of hours worked per week (exclusive of overtime)	FIRM NAME	ADDRESS	CITY AND STATE
REASON FOR LEAVING:			

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW:		
\$ /WK/MO/YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW:		
\$ /WK/MO/YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW:		
\$ /WK/MO/YR			
TYPE OF BUSINESS			
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\$ /WK/MO/YR			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

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INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination. Refund of fees will not be made to disqualified candidates.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Notify this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing, give the number and title of examination.

D. RELIGIOUS OBSERVERS

Most written examinations are held on Saturday. If you are unable to take a test on the date indicated in the examination announcement due to a conflict with a religious observance or practice, check the box "Required" in question 6. We will send you an admission notice with the special arrangements for the time, date and place of your written examination(s).

E. SPECIAL ACCOMMODATIONS

If you are a person with a disability or if you are in the military and need a reasonable accommodation in order to participate in the examination, you may either describe the accommodation you need in the remarks section below or write to or call the City of Utica Civil Service Department at (315) 792-0225 no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

F. VETERANS CREDITS

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully:

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credits, you must check (✓) the appropriate category in question 5 and answer all questions 11 A-D. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a "YES" answer to question 11 A-C and a "NO" answer to question 11D, be certified by the veteran's administration as being disabled in the actual performance of duty in any war; that the disability is rated at ten (10) percent or more and that the disability exists at the time of application for appointment or promotion.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All

statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

NOTE:

Effective 1/1/98 any candidate who is currently serving in the Armed Forces of the United States on a full-time active duty basis, other than active duty for training, may file for Veteran's Credit on an examination prior to the list being established.

Additional Veteran's Credit will be granted to qualifying candidates (proof of Active Duty must be provided) on a conditional basis. A candidate receiving conditional Veteran's Credits must be restricted from certification using the credits until the appropriate documentary proof indicating that the service was in time of war and that the individual received an honorable discharge or was released under honorable circumstances has been presented. It is the candidate's responsibility to provide such proof to Civil Service in order to have the restriction removed and be certified at a score including the Veteran's Credits. Until such documentation is submitted, a candidate may only be certified with the examination score, not including the Veteran's Credits.

In conformance with Section 85-a (effective 9/17/02) of Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

Any member of the armed forces who properly filed, within the announced filing period, an application for a competitive examination but was unable to participate in the examination due to active military service, will be provided with a special make-up examination under the terms and conditions deemed appropriate by the State Department of Civil Service and/or local Civil Service agency. (Check with Civil Service personnel for more information.)

Individuals serving on active duty in the armed forces during the filing period for a Civil Service examination, or individuals who have been discharged with other than a dishonorable discharge after the filing period has commenced will be permitted to file an application for examination no later than ten business days before the scheduled examination date, or the last date to file, whichever is later. A special make-up examination will be provided under the terms and conditions deemed appropriate by the State Department of Civil Service and/or local Civil Service agency. (Check with Civil Service personnel for more information.)

No Veteran's Credit may be granted after the establishment of the eligible list.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, 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, SEXUAL ORIENTATION, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).

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