

# PORT JERVIS CIVIL SERVICE COMMISSION

20 Hammond Street  
Port Jervis NY 12771  
845-858-4052

For Commission Use Only:

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Conditional: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Fee: ☐ Pd ☐ waived

Receipt#: \_\_\_\_\_

Date Paid: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT/EXAMINATION

This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewriter. 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. EXACT EXAMINATION

NO. \_\_\_\_\_ TITLE \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

### 3. FULL NAME

LAST FIRST MI

STREET ADDRESS \_\_\_\_\_

CITY/TOWN STATE ZIP CODE

Immediate notice should be given of any change in  
Mailing address before or after examination

### 6. RESIDENCY

State your actual permanent legal residence and  
indicate for how long you have resided there  
continuously to date of this application.

YRS \_\_\_\_ MOS \_\_\_\_

CITY OF \_\_\_\_\_

TOWN OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

4. HOME or BUSINESS NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### 5. SPECIAL ARRANGEMENTS

Check below if you need special arrangements to  
participate in the examination.

1. Religious Observer – For religious reasons cannot  
be tested on the date of examination. \_\_\_\_\_

2. Other: \_\_\_\_\_  
(requires supporting documentation)

3. Disabled Person – Under REMARKS indicate type  
of assistance required.

### 7. VETERANS CREDITS

Did you serve in the armed forces of the United  
States on a full-time active-duty basis and receive  
and receive an honorable discharge?

IF YES, you MAY be eligible to claim credits as a  
Disabled or Non-Disabled Veteran.

YES, I WISH TO CLAIM CREDITS AS A NON-  
DISABLED VETERAN. ☐

PLEASE SEND APPLICATION

YES, I WISH TO CLAIM CREDITS AS A  
DISABLED VETERAN. ☐

PLEASE SEND APPLICATION

NO, I DO NOT WISH TO CLAIM VETERANS  
CREDITS ☐

8. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES ☐ NO ☐  
If so, are you presently in default on any such loan? YES ☐ NO ☐
9. Check appropriate answer 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 you appearance In court to answer to any criminal charge? YES \_\_\_\_\_ NO \_\_\_\_\_

None of the 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.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential inquiry will be sent to you.

10. A. GENDER: Male ☐ Female ☐  
Enter gender only if applying for entry level Police Officer exam.
- B. BIRTH DATE: Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_
- C. Are you a citizen of the United States? (Answer only if citizenship is a requirement for the position for which you are applying) YES ☐ NO ☐
- D. If you are not a citizen, do you have the legal right to accept employment in the United States? Please give alien registration number: \_\_\_\_\_
- E. Are you a retiree from New York State or any Civil division thereof? YES ☐ NO ☐
- F. Are you an Exempt Fireman? YES ☐ NO ☐
11. Have you any objections to this department making inquiry regarding your character and qualifications From:  
Your Former Employer? YES ☐ NO ☐  
Your Present Employer? YES ☐ NO ☐  
If answer is "YES" please explain under REMARKS
12. LICENSES – If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: If not currently licensed check this box ☐  
Trade/Profession \_\_\_\_\_  
License/Certification # \_\_\_\_\_  
Licensing Agency \_\_\_\_\_  
City/State \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE  
TRAINING & EXPERIENCE**

Rated By: \_\_\_\_\_

Checked By: \_\_\_\_\_

For questions 13-15, you need answer only those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing or set forth in the specification for the position applied. If in doubt, answer all questions.

13. EDUCATION  
Have you graduated from high school? YES ☐ NO ☐  
If yes, year graduated? \_\_\_\_\_  
If no, highest grade completed? \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Government Authority

Number & Date of Issue \_\_\_\_\_

Name & Location of High School \_\_\_\_\_

COLLEGE, UNIVERSITY PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

| NAME & LOCATION OF SCHOOL | DATE OF ATTENDANCE<br>(month & year<br>From To) | DAY OR NIGHT | FULL OR PART TIME | NO. OF YEARS CREDITED | GRADUATE FROM SCHOOL | MAJOR SUBJECT OR COURSES | NO. OF CREDITS REC'D | DEGREE REC'D | DATE OF DEGRE |
|---------------------------|-------------------------------------------------|--------------|-------------------|-----------------------|----------------------|--------------------------|----------------------|--------------|---------------|
|                           |                                                 |              |                   |                       |                      |                          |                      |              |               |
|                           |                                                 |              |                   |                       |                      |                          |                      |              |               |
| OTHER SCHOOLS             |                                                 |              |                   |                       |                      |                          |                      |              |               |
| SPECIAL COURSES           |                                                 |              |                   |                       |                      |                          |                      |              |               |

14. Do you have a valid license to operate a motor vehicle in New York State? ☐ YES, Class \_\_\_\_\_ ☐ NO

15. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe in detail below ALL employment that is pertinent for which you are applying. 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 relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which includes experience pertinent to the position, describe such employment as a separate employment. If your title or duties changed materially in the course of your service in any one organization, show the dates of the changes and describe each job as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of work. If you supervised a working force, state its size and nature and the extent of such supervision. (If more space is needed, attach an 8 ½ x11 sheet of paper.)

| EMPLOYMENT<br>MO YR MO YR<br>FROM TO | COMPANY | ADDRESS | CITY & STATE |
|--------------------------------------|---------|---------|--------------|
|--------------------------------------|---------|---------|--------------|

|                    |        |
|--------------------|--------|
|                    | DUTIES |
| TYPE OF BUSINESS   |        |
| POSITION HELD      |        |
| SUPERVISOR'S NAME  |        |
| SUPERVISOR'S TITLE |        |
| WEEKLY WORK HOURS  |        |

| EMPLOYMENT<br>MO YR MO YR<br>FROM TO | COMPANY | ADDRESS | CITY & STATE |
|--------------------------------------|---------|---------|--------------|
|--------------------------------------|---------|---------|--------------|

|                    |        |
|--------------------|--------|
|                    | DUTIES |
| TYPE OF BUSINESS   |        |
| POSITION HELD      |        |
| SUPERVISOR'S NAME  |        |
| SUPERVISOR'S TITLE |        |
| WEEKLY WORK HOURS  |        |

|                                      |         |         |              |
|--------------------------------------|---------|---------|--------------|
| EMPLOYMENT<br>MO YR MO YR<br>FROM TO | COMPANY | ADDRESS | CITY & STATE |
|--------------------------------------|---------|---------|--------------|

|                    |        |
|--------------------|--------|
|                    | DUTIES |
| TYPE OF BUSINESS   |        |
| POSITION HELD      |        |
| SUPERVISOR'S NAME  |        |
| SUPERVISOR'S TITLE |        |
| WEEKLY WORK HOURS  |        |

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.)

SIGNATURE OF APPLICANT

DATE

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

NOTE: CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED, AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION. IF SUBMITTING A RESUME, ATTACH TO COMPLETED APPLICATION.

MAIL OR DELIVER TO:

**PORT JERVIS CIVIL SERVICE COMMISSION  
20 HAMMOND STREET, P.O. BOX 1002  
PORT JERVIS NY 12771**

PORT JERVIS CIVIL SERVICE COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or marital status and criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, an limitation, specification, or discrimination as to age, race, creed, color, national origin, sex disability, marital status or criminal record in connection with employment in the municipal service of the City of Port Jervis.