PORT JERVIS CIVIL SERVICE COMMISSION

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

APPLICATION FOR EMPLOYMENT / EXAMINATION

For Commission Use Only
Date Received: _____
Approved: _____
Conditional: _____
Disapproved: _____
Fee: ☐ Paid ☐ Waived
Receipt number: _____
Date paid: _____

EXAMINATION NUMBER _____
EXAMINATION TITLE _____
POSITION APPLYING FOR _____
LOCATION:_____
(CITY, PJPD, PJFL,PJSD, PJHA)

Answer all applicable questions fully and carefully in ink or by typing. Mark the applicable boxes with an "X". Attach additional sheets if necessary to provide complete and detailed information.

1. FULL NAME AND MAILING ADDRESS

Last name _____ First name _____ Middle initial _____

Street address _____City / Town _____

State _____ ZIP code _____

**Immediate notice should be given of any change in mailing address before or after the examination.*

2. SOCIAL SECURITY NUMBER _____

3. CONTACT INFORMATION

Home/Cell number _____

Email address _____

4. SPECIAL ARRANGEMENTS

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

☐ Religious observer — For religious reasons cannot be tested on the date of examination.

Other special arrangement (supporting documentation required)

_____

☐ Disabled person — Under REMARKS, indicate the type of assistance required.

5. RESIDENCY

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

Years _____ Months _____

City/Town of _____

County of _____

State of _____

School District _____

6. VETERANS' CREDITS

PLEASE NOTE: Applicants **MUST** complete and return this application. To claim Disabled Veterans' Credits, applicants **MUST** complete a Disability Record Authorization form (Available in Civil Service Office) and send to the Department of Veteran's Affairs as instructed within the form.

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

☐ YES ☐ NO

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. (Application available in Civil Service Office.)

☐ YES, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN. (Application available in Civil Service Office.)

☐ NO, I DO NOT WISH TO CLAIM VETERANS' CREDITS.

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

Municipality_____ Date _____

7. EMPLOYMENT, MILITARY AND CRIMINAL HISTORY *(Check the appropriate answer for 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

None of these circumstances represents an automatic bar to employment. Each case is considered and evaluated on its individual merit in relation to the duties and responsibilities of the position(s) for which you are applying.

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

8. PERSONAL / ELIGIBILITY INFORMATION

A. Birth Date: Month _____ Day _____Year _____

B. Are you a citizen of the United States? (Answer only if citizenship is a requirement for the position.) ☐ YES ☐ NO

C. If you are not a citizen, do you have the legal right to accept employment in the United States? ☐ YES ☐ NO

Alien registration number (if applicable) _____

D. Are you a retiree from New York State or any civil division thereof? ☐ YES ☐ NO

E. Are you an Exempt Fireman? ☐ YES ☐ NO

9. EMPLOYER REFERENCE INQUIRIES

Have you any objections to this department making inquiry regarding your character and qualifications from:

A. Your former employer? ☐ YES ☐ NO B. Your present employer? ☐ YES ☐ NO

If YES, please explain under REMARKS.

10. 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. If not currently licensed, check the box.

☐ Not currently licensed

Trade / Profession _____

License / Certification number _____

Licensing agency _____

City / State _____

Expiration date _____

For Questions 11–14, answer only those questions that pertain to requirements listed on the examination announcement or position specification. If in doubt, answer all questions.

11. EDUCATION

Have you graduated from high school? ☐ YES ☐ NO

If YES, year graduated _____

If NO, highest grade completed _____

Name and location of high school _____

If you have a high school equivalency diploma, issuing government authority

_____

Equivalency diploma number and date of issue _____

12. EDUCATION — COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL

NAME & LOCATION OF SCHOOL	DATE OF ATTENDANCE From (Mo / Yr) ____/____	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 DEGREE
OTHER SCHOOLS									
SPECIAL COURSES									

OTHER SCHOOLS / SPECIAL COURSES

_____

_____

_____

13. NEW YORK STATE MOTOR VEHICLE LICENSE

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

14. DESCRIPTION OF EXPERIENCE

Beginning with your most recent experience, describe in detail below ALL employment pertinent to the position for which you are applying. You are responsible for submitting an accurate, adequate and clear description of your experience. If relevant volunteer (unpaid) experience is acceptable as qualifying, describe it in the same way as paid work. If you have had military service that includes experience pertinent to the position, describe it as a separate employment. If your title or duties changed materially during employment with one organization, show the dates of the changes and describe each job separately. Under DUTIES for each employment, describe the nature of the work 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 8½ × 11-inch sheet of paper.

LENGTH OF EMPLOYMENT From (Mo / Yr) ____/____ To (Mo / Yr) ____/____	COMPANY	ADDRESS	CITY & STATE
TYPE OF BUSINESS	DUTIES		
POSITION HELD			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
WEEKLY WORK HOURS			
LENGTH OF EMPLOYMENT From (Mo / Yr) ____/____ To (Mo / Yr) ____/____	COMPANY	ADDRESS	CITY & STATE
TYPE OF BUSINESS	DUTIES		
POSITION HELD			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
WEEKLY WORK HOURS			
LENGTH OF EMPLOYMENT From (Mo / Yr) ____/____ To (Mo / Yr) ____/____	COMPANY	ADDRESS	CITY & STATE
TYPE OF BUSINESS	DUTIES		
POSITION HELD			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
WEEKLY WORK HOURS			

REMARKS / ADDITIONAL INFORMATION

Use this space for explanations requested in the application. Attach additional sheets if needed.

_____

_____

_____

_____

_____

_____

APPLICANT AFFIRMATION

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 _____

PLEASE ANSWER ALL APPLICABLE QUESTIONS. INCOMPLETE APPLICATIONS MAY BE DISAPPROVED. A RESUME DOES NOT REPLACE A COMPLETED APPLICATION; IF SUBMITTING A RESUME, PLEASE ATTACH IT TO THE 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, marital status and 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 in the municipal service of the City of Port Jervis.