MUNICIPAL CIVIL SERVICE COMMISSION

83 BROADWAY-CITY HALL
NEWBURGH, N.Y. 12550
(845) 569-7340

Leave this space blank
Date Received

Approved _____

Conditional _____

Disapproved _____

APPLICATION FOR EMPLOYMENT/EXAMINATION

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

(PRINT LEGIBLY IN INK OR TYPEWRITE)

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, 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 Newburgh.

1. EXACT TITLE OF EXAMINATION NO. _____ POSITION TITLE _____

2. SOCIAL SECURITY NUMBER

3. FULL NAME

LAST NAME FIRST NAME INITIAL

STREET ADDRESS OR RD.

CITY STATE ZIP CODE

EMAIL ADDRESS

4. PHONE NO. _____

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

	Yrs.	Mos.
City of	____	____
Town of	____	____
County of	____	____
State of	____	____
School District	____	____

6. SPECIAL ARRANGEMENTS (Optional)

Check box below if you desire special accommodations to participate in the examination because you are a:

1 .Religious Observer - For religious reasons cannot be tested on date of examination. ❑

2. Handicapped Person - Under REMARKS indicate type of assistance required. ❑

7. Have you ever served in the Armed Forces of the United States on a full time active duty basis—other than active duty for training purposes? If not, omit 8-12. Yes ❑ No ❑

8. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? Yes ❑ No ❑

9. Where you a resident of New York State on the date of your initial entry into the Armed Forces of the United States? Yes ❑ No ❑

10.A Did you serve in active duty in the Armed Forces of the United States during any of the following periods? Yes ❑ No ❑

a. December 1, 1941 to September 2, 1945.
b. June 26, 1950 to January 31, 1955.
c. January 1, 1963 to May 7, 1975.
d. U.S. Public Health Service July 29, 1945 to September 3, 1945 or June 25, 1952 to July 4, 1952, or
e. A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970.

B. If "YES" what was your date of entry? ____
Also, what was your date of separation? ____

11. VETERANS CREDITS — Do you claim additional credits on this examination as an honorably discharged veteran?

Yes, as a disabled war veteran ❑
Yes, as a non-disabled veteran ❑
No ❑

12. 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 ❑

13. Check appropriate box to 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 ❑

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.

14. A. **BIRTH DATE**: Mo. ____ Day _____ Yr. _____
(Enter birth date only if minimum and/or maximum age limits are established for the position, e.g. police officer.)

B. 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 ❑

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

Please give alien registration number _____
(Note: Citizenship is no longer a requirement for employment, except for Public Officer Positions.)

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

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

For questions 17-19 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 for. If in doubt, answer all questions.

15. 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

16. 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/Certificate No. _____

Licensing Agency _____

City/State _____

Expiration Date _____

DO NOT WRITE IN THIS SPACE
TRG & EXPERIENCE

Rated By _____

Checked By _____

17. EDUCATION. If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours of courses are required for graduation. DO NOT send transcript unless required by announcement. If specific courses are required list under REMARKS on last page.

Have you graduated from high school? YES ❑ NO ❑

If yes, give year graduated _____

If no, give highest grade completed _____

If yes, give name and location of high school

_____

_____

If you have a high school equivalency diploma indicate issuing Government Authority	Number and/or Date of Issue

	Name of School and City in which located	Date of Attendance (Month and Year) From	To	Day or Night	Full or Part Time	No.of Years Cred-ited	Were You Grad-uated?	Type of Course or Major Subject	Number of college Credits Received	Degree Received	Date of Degree
College University Professional or Technical School											
Other Schools or Special Courses											

18. Do you have a valid license to operate a motor vehicle in New York State? ☐ Yes, Class _____ ☐ No

19. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe below in detail ALL employment that is pertinent to the position 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 8 1/2 x 11 sheets of paper.)

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

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

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.)

_____
DATE

_____
SIGNATURE OF APPLICANT

_____
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 substituted.

REMARKS:

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MAIL OR DELIVER TO:

MUNICIPAL CIVIL SERVICE COMMISSION
83 BROADWAY - CITY HALL
NEWBURGH, N.Y. 12550

An Equal Opportunity Employer Male/Female

APPLICATION FOR EXAMINATION SUPPLEMENT

(Please return this supplement with your application)

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

1. Do you have any currently outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?
   _____Yes _____No

2. If so, are you presently in default on any such loan?

   _____ Yes_____No

Name: _____ _____ _____
(last) (first) (m)

Address: _____

_____ _____ _____
(city) (state) (zip)

Exam No. and Title: _____

REQUIRED AFFIRMATION:

I affirm under penalty of perjury that all statements made on this application supplement are true.

_____ _____
(signature) (date)