WASHINGTON COUNTY DEPARTMENT OF CIVIL SERVICE

WASHINGTON COUNTY MUNICIPAL CENTER
383 BROADWAY
FORT EDWARD, NY 12828
TELEPHONE: (518) 746-2250

Application	
Approved	_____
Conditional	_____
Disapproved	_____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

EXAM OR POSITION TITLE _____

EXAMINATION NUMBERS _____ (State) _____ (Local)

1. NAME _____
(Please Print) Last First M.I.

PERMANENT LEGAL RESIDENCE (No P.O.Box, Street only) _____

CITY STATE ZIP CODE

MAILING ADDRESS (If different from above) _____

CITY STATE ZIP CODE

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

2. SOCIAL SECURITY NUMBER _____

3. Are you under 18 years of age? YES☐NO☐If yes, Date of Birth is_____
OR If minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:_____
(Example: Deputy Sheriff and Police Officer exams)

4. VETERAN'S CREDITS
If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below, answer question 11.

DISABLED WAR VETERAN ☐ N/A ☐

NON-DISABLED WAR VETERAN ☐

If claiming Veteran's Credits a current DD-214 is required.
Also, if claiming Disabled Veterans Credits proof of disability is required.

5. SPECIAL ACCOMMODATIONS (explain in remarks section)

RELIGIOUS OBSERVANCE ☐

DISABILITY ☐

MILITARY ☐

6. 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 1-151 or 1-551, Alien Registration Cards at time of appointment.

7. Do you have any objections to our contacting prior employers regarding your character and qualifications? YES ☐ NO ☐
(If yes, explain in the remarks section.)

8. State your **current** legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	NAME	YRS	MOS
SCHOOL DISTRICT:			
CITY OR VILLAGE:			
TOWN:			
COUNTY:			
STATE:			

9. Check appropriate answer after each question:

		YES	NO
A.	Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	☐	☐
B.	Did you ever resign from employment rather than face dismissal?	☐	☐
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?	☐	☐
D.	Have you ever been convicted of any crime (felony or misdemeanor)?	☐	☐
E.	Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges?	☐	☐
F.	Are you now under charges for any crime?	☐	☐

If you answered "yes" to any of the Questions 9 A-F above, you may give specifics under "Remarks" on page 3 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 for which you are applying.

10. It is the policy of Washington County Civil Service to provide for and promote the equal opportunity of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record in accordance with Non-Discrimination Policy.

(continued)

11. EXTRA CREDITS FOR VETERANS

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will need to produce a DD-214 before the establishment of the eligible list. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment.

If you wish to claim Veteran Credits, AND have not used ANY veteran credits for a permanent appointment to a position in New York State or Local Government, complete answers in the section below.

1. YES ☐ NO ☐ Do you expect to receive, or have you already received a discharge which was honorable or release under honorable circumstances from 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.

2. YES ☐ NO ☐ Are you now serving, or have you served, on an active duty basis other than active duty for training purposes?

3. YES ☐ NO ☐ Are you a United States citizen or an alien lawfully admitted for permanent residence?

4. YES ☐ NO ☐ Do you have a service connected disability rated at 10% or more by the U.S. Department of Veteran Affairs?

5a. YES ☐ NO ☐ Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a", you must answer "5b".

5b. YES ☐ NO ☐ After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affair

12. EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, list courses and credit or semester hours completed below. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, or if more room needed, please use "Remarks" section on Page 3. Do NOT send transcript unless required on the 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 Government Authority _____

Number _____ Date of Issue _____

College, University or Technical School, and City where located	Dates of Attendance Month/Year From - To	# of years credited	Did you graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Received or Expected

Other Courses or Certificates _____

13. LICENSES: If a DRIVER'S LICENSE or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following section. If not currently licensed, check here ☐.

Name of Trade or Profession	LICENSE NUMBER	GRANTED BY (Licensing agency):	City or State of:
Specialty:	Date License First Issued:	Registered From – To; (Mo./Yr.)	

14. If required for the position, do you have a valid license to operate a motor vehicle in New York State? YES ☐ NO ☐

Driver License # _____

Issued by _____

Class _____

Expiration Date _____

15. DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Only 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, describe such experience as a separate employment. If your title or duties changed materially in the course of service in any one organization, indicate such change clearly and as a separate employment. 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. If more space is needed, please use REMARKS section below. **Resumes will NOT be accepted as a replacement for the information below.**

Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:
Length of Employment From Month/Year to Month/Year	Name and Address of Employer:	Your exact title:
No. of hours worked per week, exclusive of overtime:	Describe duties:	Supervisor's name and title:

REMARKS: Use this space to provide any additional information.

REMARKS (continued): Use this space to provide any additional information.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that all statements made on this application are true under the penalties of perjury.

Signature of applicant Date

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

APPLICATION FEE: A fee is required when this application is submitted for a Civil Service examination. The exact fee for each exam is posted on the examination announcement. **CHECK OR MONEY ORDER ONLY** must be payable to **WASHINGTON COUNTY TREASURER. DO NOT SEND CASH. YOU MUST LIST THE EXAM NUMBER ON THE CHECK OR MONEY ORDER. THERE WILL BE NO REFUNDS if your application is disapproved.**

NOTE: We will only accept applications during the posting period that is listed on each examination announcement.

WAIVER OF FEE: If you are eligible for Public Assistance and can verify the type of assistance you receive, the application fee can be waived.

If you are unemployed and primarily responsible for the support of a household, you may also request a waiver.

YOU MUST COMPLETE A SEPARATE ***APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM***. SUBMIT THIS FORM WITH THIS APPLICATION.

CROSS-FILERS: If you have applied for any other civil service exam to be given on the same test date for employment with New York State or any other local government agency, you must make arrangements to take all exams at one test site. If you have applied for both State and local exams, you must make arrangements to take all exams at a State examination center by providing a Cross-File Application to this agency no later than three weeks before the test date. If you have applied for other local government exams, call or write to each agency to make arrangements no later than three weeks before the test date. You must notify each agency of the test site at which you wish to take your exams. For this agency you must provide a Cross-File Application.