

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Town of Palmyra
1180 Canandaigua Rd
Palmyra NY 14522
315-597-5521



FOR OFFICE USE ONLY Date Received _____

Approved _____

Conditional Approval _____

Disapproved _____

AN EQUAL OPPORTUNITY EMPLOYER

Position Title _____

Examination Number _____

This application is part of your examination. Answer all questions fully and carefully in ink or by typewriter. Refer to Instructions and Information on page 4. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last _____ First _____ M.I. _____

Street _____

City _____ State _____ Zip Code _____

Phone (Include Area Code) _____

Home: _____ Business _____

2. SOCIAL SECURITY NUMBER _____

3. Are you under 18 or over 70 years of age? YES ☐ NO ☐

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo. _____ Day _____ Year _____

4. VETERANS CREDITS (See Instruction E)

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, complete the appropriate section on the last page of this application.

5. Are you a citizen of the United States? ☐ Yes ☐ No

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).

6. Have you been a legal resident of Wayne County for at least four months up to and including the date of this application

YES ☐ NO ☐

List the following jurisdictions you are currently a resident of:

School District _____

City or Village _____

Town _____

7. 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 <input type="checkbox"/> NO <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |
| D. Have you ever been convicted of any crime (felony or misdemeanor)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If you answered "YES" to any of the Questions 7 A-E 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.

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

- a) Your former employers? ☐ YES ☐ NO
b) Your present employer? ☐ YES ☐ NO

If answer is Yes to either question explain in 'Remarks' section on page 4.

Section 504 of the Rehabilitation Act of 1973 and the New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, 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, disability, marital status, or criminal record in connection with employment.

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 _____

9. EDUCATION: (If more space is required for full explanation, attach additional sheets or explain in 'Remarks' Section on page 3.)

Type of School	Name of School Street Address City, State, Zip	No. of Years Completed	Were You Graduated?	Day or Night	Full or Part Time	Type of Course or Major Subject	Circle highest school year completed in Grammar, Junior High, or High School 1 2 3 4 5 6 7 8 9 10 11 12											
High School																		
College, University, Professional or Technical School																		
Other Schools or Special Courses																		

If you have a high school equivalency diploma, indicate: Issuing government authority _____
Number _____ Date of Issue _____

10. If a college transcript is required and is not submitted herewith, will you please have transcript(s) forwarded?

YES _____ NO _____

11. Do you have valid N.Y.S. motor vehicle operator's license?

YES _____ NO _____

If yes, class _____ number _____

date of expiration _____

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

13. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail ALL employment. 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.

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

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

REMARKS REGARDING EXPERIENCE OR EDUCATION:

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

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.

Call or wire 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. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a Handicapped Person (require special arrangements in order to participate in the examination(s)), you must notify the agency no later than the last date of filing for the examination. Your request must include the examination number and title and the type of special arrangements required.

Check one:

- ☐ Religious Observer
☐ Handicapped Person

E. VETERANS CREDITS

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

Check the appropriate box below and answer questions A - F. Failure to do so, accurately and completely, may result in a denial of your claim.

- ☐ Disabled War Veteran
☐ Non-Disabled War Veteran

OR

The armed forces expeditionary medal, navy expeditionary medal, or marine corps expeditionary medal for:

YES NO
☐ ☐

- Hostilities in Lebanon...June 1, 1983-December 1, 1987
- Hostilities in Grenada...October 23, 1983-November 21, 1983
- Hostilities in Panama...December 20, 1989-January 31, 1990

D. Are you currently a resident of New York State? YES NO
☐ ☐

E. Since January 1, 1951, 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
☐ ☐

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 questions 10A-D and a "NO" answer to question 10E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question C.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

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.

Please submit a copy of your DD-214 verifying the character of your discharge and dates of service.

Branch of service _____

FROM: _____ TO: _____

Dates of Military Service _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

- 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. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO
☐ ☐
- C. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
☐ ☐
- World War I...April 6, 1917-November 11, 1918
 - World War II...December 7, 1941-December 31, 1946
 - Korean Conflict...June 27, 1950-January 31, 1955
 - Viet Nam Conflict...December 22, 1961 - May 7, 1975
 - Persian Gulf Conflict...August 2, 1990 - the date upon which such hostilities end

OR

Commissioned corps of the US public health services: YES NO
July 29, 1945-September 1, 1945 and June 26, 1950-
July 3, 1952, ☐ ☐

REMARKS:

Section 50b 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

If yes, are you presently in default?

..... Yes No